NOTE

This Microfiche meets the quality requirements of the American National Standard for Microfiche of Documents (ANSI PH5.9-1975). However, because of imperfections in the document from which it was made, it contains images that are illegible or difficult to read. The source document for this microfiche is the best copy that could be obtained prior to filming.

CIS
Congressional Information Service,
Washington, D.C.

Union Calendar No. 647

100TH CONGRESS *2d Session*	HOUSE OF REPRESENTATIVES	REPORT 100-1108

ANNUAL REPORT FOR THE YEAR 1987

REPORT

OF THE

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

ONE HUNDREDTH CONGRESS

SECOND SESSION

together with

ADDITIONAL VIEWS

DECEMBER 15, 1988.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

---

U.S. GOVERNMENT PRINTING OFFICE

81-767 WASHINGTON : 1988

H963-33

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

(100th Congress)

CHARLES B. RANGEL, New York, *Chairman*

PETER W. RODINO, JR., New Jersey
FORTNEY H. (PETE) STARK, California
JAMES H. SCHEUER, New York
CARDISS COLLINS, Illinois
DANIEL K. AKAKA, Hawaii
FRANK J. GUARINI, New Jersey
DANTE B. FASCELL, Florida
WALTER E. FAUNTROY, District of Columbia
WILLIAM J. HUGHES, New Jersey
MEL LEVINE, California
SOLOMON P. ORTIZ, Texas
LAWRENCE J. SMITH, Florida
EDOLPHUS "ED" TOWNS, New York
JAMES A. TRAFICANT, JR., Ohio

BENJAMIN A. GILMAN, New York
LAWRENCE COUGHLIN, Pennsylvania
E. CLAY SHAW, JR., Florida
MICHAEL G. OXLEY, Ohio
STAN PARRIS, Virginia
DUNCAN HUNTER, California
JOSEPH J. DIOGUARDI, New York
F. JAMES SENSENBRENNER, JR., Wisconsin
ROBERT K. DORNAN, California
TOM LEWIS, Florida

COMMITTEE STAFF

EDWARD H. JURITH, *Staff Director*
ELLIOTT A. BROWN, *Minority Staff Director*
JAMES H. ALEXANDER, JR., *Professional Staff*
DEBORAH E. BODLANDER, *Minority Professional Staff*
JOHN S.V. BROWN, *D.C. Metropolitan Police Detail*
GEORGE A. DALLEY, *Shared Professional Staff*
ULRICH J. DEMBOWSKI, *G.P.O. Detail*
GEORGE R. GILBERT, *Staff Counsel*
HEIDE R. HABERLANDT, *Staff Assistant*
REBECCA L. HEDLUND, *Professional Staff*
MICHAEL J. KELLEY II, *Staff Counsel*
JAMES W. LAWRENCE, *Minority Professional Staff*
KHALIL MUNIR, *Customs Detail*
KATHIE SULLIVAN OBST, *Minority Staff Assistant*
CHRISTINA T. STAVROS, *Staff Assistant*
BARBARA A. STOLZ, *Professional Staff*
RUTHIE L. THOMPSON, *Executive Assistant*
ROBERT S. WEINER, *Press Officer*
LOUIS E. WILLIAMS, *G.P.O. Detail*

CONTENTS

	Page
Letter of Transmittal	v
Committee Jurisdiction, Authority, Funding, and Organization	1
Introduction	1
Reconstitution of the Select Committee (H. Res. 26)	1
Funding of the Select Committee (H. Res. 108)	4
Committee Rules	4
Committee Membership	8
Committee Staff	9
Committee Meeting (February 4, 1987)	9
An Overview of the Traffic and Abuse of Narcotic and Psychotropic Drugs in 1987	9
International Control Efforts	14
The Military Role in Drug Interdiction	15
Interdiction	16
Drug Enforcement	16
State and Local Efforts	17
National Drug Policy Coordination	19
Trends in the Traffic and Abuse of Narcotic and Psychotropic Drugs:	
Cocaine	20
Heroin	22
AIDS and IV Drug Users	24
Marijuana	24
Hashish	25
Psychotropic Drugs	25
Treatment Admissions	28
Conclusion	30
Recommendations	30
Activities:	
Committee Hearings:	
Overview of the Anti-Drug Act of 1986	36
Introduction	36
Drug Abuse Education (February 26, 1987)	36
State and Local Enforcement Assistance (March 4, 1987)	39
Drug Abuse Treatment and Prevention (March 11, 1987)	42
Federal Enforcement and Interdiction (March 18, 1987)	45
International Narcotics Control (March 25, 1987)	56
Drug Enforcement and Interdiction (April 30, 1987)	65
Drug Abuse Education (June 9, 1987)	66
Federal Drug Strategy (December 8, 1987)	69
Colombian Drug Trafficking and Control (May 6, 1987)	72
Heroin Trafficking through JFK Airport (July 10, 1987)	75
Pediatric AIDS (July 27, 1987)	77
Narcotics Control in Mexico (August 5, 1987)	80
Sports and Drug Abuse Prevention (September 10, 1987)	92
AIDS and IV-Drug Use: The Impact on the Black Community (September 25, 1987)	95
Cocaine Babies (October 16, 1987)	99
Agency Meetings and Briefings	104
International Activities:	
United Nations Commission on Narcotics Drugs (February 2–11, 1987)	106
Andean Parliament, Paipa, Colombia (March 13–16, 1987)	106
OAS Breakfast Meeting (April 23, 1987)	110

Activities—Continued
International Activities—Continued
Page
Department of State Narcotics Coordinators Conference (May 4, 1987) 111
United Nations International Conference on Drug Abuse and Illicit Drug Trafficking, Vienna, Austria (June 17-26, 1987) 111
27th Annual Mexico-United States Interparliamentary Conference, Cancun, Mexico (June 26-29, 1987) 112
Briefings by the Agency for International Development (AID), July 14 and July 30, 1987 113
Study Mission to The Netherlands, France, Portugal, Morocco, Nigeria and Italy (August 8-22, 1987) 114
European Parliament (September 25-28, 1987) 119
Western Hemispheric Inter-Parliamentary Drug Conference, Caracas, Venezuela (November 9-13, 1987) 119
Meetings with International Officials 120
Activities in Support of Legislative Initiatives:
Federal Funding for Drug Abuse Programs 121
Chairman Rangel and Congressman Gilman testify in support of H.R. 1411, to increase State and local Narcotics Law Enforcement Assistance (April 1) 123
AIDS Legislation, H.R. 2626 and H.R. 3292 124
H.R. 2454, National Narcotics Leadership Act of 1987 127
H.J. Res. 154, National Operation Prom/Graduation Kickoff Day 129
H. Con. Res. 74, Expressing the Appreciation of Congress Regarding Colombia's Efforts to Combat Drug Trafficking and Drug Abuse 129
H.R. 3753, Assistant Attorney General for State and local law enforcement matters 130
Special Activities:
Mayor's Conference on AIDS 131
President's Commission on the HIV Epidemic 131
Contra Drug Smuggling 132
Member Services 133
Major City Survey Concerning 1986 Drug Arrests and Seizures 134
Medicaid Fraud and Unethical Practices by New York Physicians 135
Drugs, AIDS in Prisons 137
Movie Industry Anti-Drug Spots 138
The White House Conference for a Drug Free America 140
New York City Narcotics Control Task Force 140
Briefing for New Members of Congress 141
FBI Briefing 141
Chairman Rangel's Community Wide Conference (April 25, 1987) 142
Meeting with Bowie Kuhn, President, TARGET Program (May 12, 1987) 143
Congressional Advisory Committee on Drug Trafficking and Substance Abuse 144
Chairman Rangel Provides Testimony on IV Drug Abuse to Veterans Affairs Subcommittee Field Hearing 145
Congressional Black Caucus Presentation 146
Addresses:
Chairman Rangel 147
Ranking Minority Member Gilman 147
Appendix: List of Publications and Hearings 149
Additional views:
Hon. Michael G. Axley 150
Hon. Charles B. Rangel 152

LETTER OF TRANSMITTAL

DECEMBER 15, 1988.

Hon. DONNALD K. ANDERSON,
Clerk, U.S. House of Representatives,
Washington, DC.

DEAR MR. ANDERSON: I am pleased to transmit the enclosed report entitled, "Annual Report for the Year 1987 of the Select Committee on Narcotics Abuse and Control, 100th Congress, First Session."

This report sets forth the activities of the Committee for calendar year 1987 in accordance with section 306(a)(2) of House Resolution 26. The report also makes a number of recommendations to the House of Representatives to control the worldwide problem of drug abuse and drug trafficking as required by section 306(a)(3) of House Resolution 26.

Respectfully submitted.

Sincerely,

CHARLES B. RANGEL,
Chairman.

Union Calendar No. 647

100TH CONGRESS
2d Session

HOUSE OF REPRESENTATIVES

REPORT
100-1108

ANNUAL REPORT FOR THE YEAR 1987

DECEMBER 15, 1988.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. RANGEL, from the Select Committee on Narcotics Abuse and Control, submitted the following

REPORT

together with

ADDITIONAL VIEWS

COMMITTEE JURISDICTION, AUTHORITY, FUNDING, AND ORGANIZATION

INTRODUCTION

The House of Representatives in the 100th Congress [1] continued the mandate of the Select Committee on Narcotics Abuse and Control which was first enacted in the 94th Congress.[2] From its inception more than eleven years ago, the Committee's primary mandate from the House has remained basically the same: "to conduct continuing oversight and review of the problems of narcotics, drug and polydrug abuse and control." The Committee was first established by the House in 1976 and has been reconstituted by the 95th, 96th, 97th, 98th, 99th and 100th Congresses.[3]

The Select Committee on Narcotics Abuse and Control is unique because it is the only congressional committee with the expertise and the broad responsibility and authority to examine the problems of drug abuse and drug trafficking prevention and control in their entirety. The issues involved are extremely complex and cut across a wide range of public policy concerns including law enforcement, the administration of criminal justice, health and health care delivery, environmental safety, education, international relations, national security, and government organization.

The Select Committee on Narcotics Abuse and Control possesses oversight, but no legislative, jurisdiction. The Committee is both a fact-finding and coordinating body. Through its hearings and other activities, the Committee provides an overview of drug abuse problems, focuses congressional and public attention on critical drug-related issues, and supports actions by the standing committees of the House with legislative jurisdiction for narcotics abuse and control. Although not empowered to report legislation, the Select Committee recommends legislative initiatives to the appropriate standing committees and assists their legislative efforts. To facilitate a coordinated approach to drug abuse issues by the House, the Select Committee's membership includes representatives from nine standing committees with jurisdiction over various aspects of drug abuse prevention and control.

RECONSTITUTION OF THE SELECT COMMITTEE (H.RES. 26)

The text of House Resolution 26, Title III, providing for the continuation of the Select Committee on Narcotics Abuse and Control

---

[1] H.Res. 26, Title III, 100th Congress, adopted January 8, 1987.

[2] H.Res. 1350, 94th Congress, adopted July 26, 1976.

[3] H.Res. 77, 95th Congress, adopted Jan. 11, 1977; H.Res. 3, 96th Congress, adopted March 21, 1979; H.Res 13, 97th Congress, adopted Feb. 25, 1981; H.Res. 49, 98th Congress, adopted Feb. 8, 1983; H.Res. 22, 99th Congress, adopted March 7, 1987.

during the 100th Congress is reproduced on the following pages. Title III of the resolution passed by voice vote on January 8, 1987.

TITLE III—SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

ESTABLISHMENT

SEC. 301. There is hereby established in the House of Representatives a select committee to be known as the Select Committee on Narcotics Abuse and Control (hereinafter in this title referred to as the "select committee").

FUNCTIONS

SEC. 302. The select committee shall not have legislative jurisdiction. The select committee shall have authority—

(1) to conduct continuing oversight and review of the problems of narcotics, drug, and polydrug abuse and control, including (but not limited to) the study and review of (A) the abuse and control of opium and its derivatives, other narcotic drugs, psychotropics, and other controlled substances, ad defined in the Comprehensive Drug Abuse Prevention and Control Act of 1970, and any such drug or substances when used in combination with any other substances; (B) domestic and international trafficking, manufacturing, and distribution; (C) treatment, prevention, and rehabilitation; (D) narcotics-related violations of the Internal Revenue Code of 1954; (E) international treaties and agreements relating to the control of narcotics and drug abuse; (F) the role of organized crime in narcotics and drug abuse; (G) problems of narcotics and drug abuse and control in the Armed Forces of the United States; (H) problems of narcotics and drug abuse and control in industry; and (I) the approach of the criminal justice system with respect to narcotics and drug law violations and crimes related to drug abuse;

(2) to review any recommendations made by the President, or by any department or agency of the executive branch of the Federal Government, relating to programs or policies affecting narcotics or drug abuse or control; and

(3) to recommend to the appropriate committees of the House legislation or other action the select committee considers necessary with respect to programs or policies affecting narcotics or drug abuse or control.

APPOINTMENT AND MEMBERSHIP

SEC. 303. (a) The select committee shall be composed of twenty-five Members of the House, who shall be appointed by the Speaker, one of whom he shall designate as chairman. At least one member of the select committee shall be chosen from each of the following committees of the House: The Committee on Agriculture, the Committee on Armed Services, the Committee on Government Operations, the Committee on Foreign Affairs, the Committee on Energy and Commerce, the Committee on the Judiciary, the Committee on Merchant Marine and Fisheries, the Committee on Veterans' Affairs, and the Committee on Ways and Means.

(b) Any vacancy occurring in the membership of the select committee shall be filled in the same manner in which the original appointment was made.

(c) For purposes of this section, the term "Members" shall mean any Representative in, or Delegate or Resident Commissioner to, the House of Representatives.

AUTHORITY AND PROCEDURES

SEC. 304. (a) For purposes of carrying out this title the select committee is authorized to sit and act during the present Congress as such times and places within the United States, including any Commonwealth or possession thereof, or elsewhere, whether the House is in session, has recessed, or has adjourned, and to hold such hearings as it deems necessary.

(b) The provisions of clauses 1, 2, and 3 of rule XI of the Rules of the House of Representatives shall apply to the select committee.

ADMINISTRATIVE PROVISIONS

SEC. 305. (a) Subject to the adoption of expense resolutions as required by clause 5 of rule XI of the Rules of the House of Representatives, the select committee may incur expenses in connection with its duties under this title.

(b) In carrying out its functions under this title, the select committee is authorized—

(1) to appoint, either on a permanent basis or as experts or consultants, such staff as the select committee considers necessary;

(2) to prescribe the duties and responsibilities of such staff;

(3) to fix the compensation of such staff at a single per annum gross rate which does not exceed the highest rate of basic pay, as in effect from time to time, of level V the Executive Schedule in section 5316 of title 5, United States Code;

(4) to terminate the employment of any such staff as the select committee, considers appropriate; and

(5) to reimburse members of the select committee and of its staff for travel, subsistence, and other necessary expenses incurred by them in the performance of their duties and responsibilities for the select committee, other than expenses in connection with any meeting of the select committee held in the District of Columbia.

REPORTS

SEC. 306. (a)(1) The select committee shall report to the House with respect to the results of any field investigation or inspection it conducts.

(2) The select committee shall submit an annual report to the House which shall include a summary of the activities of the select committee during the calendar year to which the report applies.

(3) The select committee shall report to the House its recommendations for a comprehensive program to control the worldwide problem of drug abuse and drug trafficking.

(b) Any such report which is made when the House is not in session shall be filed with the Clerk of the House.

FUNDING OF THE SELECT COMMITTEE (H. RES. 108)

Funds for the operation of the Select Committee on Narcotics Abuse and Control during 1987 were provided in H. Res. 108, the omnibus measure authorizing amounts for expenses of investigations and studies by standing and select committees of the House in the first session of the 100th Congress. Approved March 11, 1987 the resolution included $620,482 for the Select Committee.

COMMITTEE RULES

On Feb. 4, 1987, the Select Committee adopted the following rules for the 100th Congress;

RULES OF THE SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

RULE 1. GENERAL

The Rules of the House of Representatives, to the extent they apply, together with the following rules, shall be the rules of the Committee.

RULE 2. MEETINGS

(a) The regular meeting day of the Committee for the conduct of its business shall be on the second Thursday of each month while the Congress is in session.

(b) Additional meetings may be called by the Chairman and a regular meeting of the Committee may be dispensed with when, in the judgment of the Chairman, there is no need therefor.

(c) Special meetings may be convened as provided for by clause 2(c)(2) of Rule XI of the Rules of the House.

(d) At least 3 days (excluding Saturdays, Sundays, and legal public holidays) before each scheduled Committee meeting, each member of the Committee shall be furnished a list of the subjects to be considered or acted upon at such meeting.

RULE 3. HEARINGS

(a) Members of the Committee shall be advised and a public announcement shall be made of the time, date, place, and subject matter of any hearing to be conducted by the Committee at least one week before the commencement of such hearing, unless the Chairman determines that there is good cause to begin such hearing at an earlier date, in which event the Chairman shall advise Committee members and make the public announcement at the earliest possible date. Any announcement made under this paragraph shall be promptly published in the Daily Digest and promptly entered into the committee scheduling service of the House Information Systems.

(b) Unless authorized by the Chairman, a witness shall not be permitted to testify or present evidence at a hearing of the Committee, and such testimony or evidence may not be included in the Committee hearing record, unless 50 copies thereof have been delivered to the Committee at least 48 hours prior to such hearing.

(c) A Committee member may question a witness only when recognized by the Chairman for such purpose. In accordance with clause 2(j)(2) of Rule XI of the Rules of the House, each Committee member shall be allowed 5 minutes to question a witness until each member who so desires has had such opportunity. The Chairman shall, insofar as practicable, recognize alternately on the basis of seniority those majority and minority members present at the time the hearing was called to order and others on the basis of their arrival at the hearing. Thereafter, additional time may be extended at the discretion of the Chairman.

(d) At any hearing the minority party members of the Committee shall be entitled, upon request to the Chairman by a majority of them before the completion of the hearing, to call witnesses selected by the minority to testify with respect to the subject matter of such hearing during at least one day of hearing thereon.

(e)(1) The Chairman at an investigative hearing of the Committee shall announce in the opening statement the subject of the investigation.

(2) A copy of the Rules of the Committee and clause 2 of Rule XI of the Rules of the House shall be made available to each witness.

(3) Witnesses at an investigative hearing may be accompanied by their own counsel for the purpose of advising them concerning their constitutional rights.

(4) The Chairman may punish breaches of order and decorum, and of professional ethics on the part of counsel, by censure and exclusion from the hearing; and the Committee may cite the offender to the House for contempt.

(f) Any witness may obtain a transcript copy of his or her testimony given at a public session or, if given at an executive session, when authorized by a majority of the members voting, a majority being present.

RULE 4. COMMITTEE PROCEDURE

(a)(1) Unless otherwise required or permitted by these rules, one-third of the members of the Committee shall constitute a quorum for the transaction of Committee business. Any Committee member present at a Committee meeting may make a point of order that a quorum is not present, but a quorum shall be deemed present unless a member who is present objects.

(2) Two members shall constitute a quorum for the purposes of taking testimony and receiving evidence.

(b) Meetings for the transaction of business and hearings of the Committee shall be open to the public or closed, in accordance with clauses 2(g)(1), 2(g)(2), or 2(k)(5) of Rule XI of the Rules of the House. No evidence or testimony taken in executive session may be released or used in public session unless authorized by a majority of members voting, a majority being present.

(c) A vote by any member of the Committee with respect to any matter being considered by the Committee may be cast by proxy if the proxy authorization is in writing, asserts that the member is absent on official business or is otherwise unable to be present at the meeting of the Committee, designates the member of the Committee who is to execute the proxy authorization, and is limited to

a specific matter and any amendments or motions pertaining thereto (except that a member may authorize a general proxy for motions to recess or adjourn, or for other procedural matters). Each proxy to be effective shall be signed by the member assigning his vote and shall contain the date and time of day that the proxy is signed. No proxy may be counted for the purpose of constituting a quorum.

(d) Every motion made to the Committee and entertained by the Chairman shall be reduced to writing upon the demand of any member, and a copy made available to each member present.

(e) In the absence of the Chairman at any meeting or hearing of the Committee, the ranking member of the majority party on the Committee who is present shall preside at such meeting or hearing.

(f) A complete record of all Committee action, including a record of all votes on any question on which a rollcall vote is demanded, shall be maintained by the Committee. The result of each such rollcall vote shall be available to the public for inspection at the offices of the Committee during normal working hours.

(g) Any member of the Committee may demand and the Chairman shall order a rollcall vote on any matter considered by the Committee.

RULE 5. COMMITTEE REPORTS

(a)(1) Except as provided in paragraph (b), any Committee report shall be approved by a majority of the members voting at a meeting at which a majority is present.

(2) A proposed report shall not be considered in a Committee meeting unless a copy of the proposed report is provided to each member of the Committee at least 5 days (excluding Saturdays, Sundays, and legal public holidays) prior to the meeting.

(b) The Chairman is empowered to obtain the approval of any report in any appropriate manner, including by polling the members of the Committee in writing. In such cases, a copy of the proposed report shall be made available to each Committee member for at least 5 calendar days (excluding Saturdays, Sundays, and legal public holidays) and the approval of a majority of the Committee is required. The Chairman shall promptly notify Committee members in writing of the approval or disapproval of the proposed report.

(c) Supplemental, minority, or additional views may be filed in accordance with clause 2(l)(5) of Rule XI of the Rules of the House. The time allowed for filing such views shall be 3 calendar days (excluding Saturdays, Sundays, and legal public holidays) after approval of a proposed report in a meeting of the Committee or after the Chairman issues a notification of approval pursuant to paragraph (b).

(d) If hearings have been held on the subject matter of the proposed report, every reasonable effort shall be made to have such hearings available to the members of the Committee before seeking approval of the proposed report.

RULE 6. POWERS AND DUTIES OF COMMITTEE

(a) For the purpose of carrying out any of its functions and duties, the Committee is authorized to sit and act at such times and places within the United States, including any Commonwealth or possession thereof, or elsewhere, whether the House is in session, has recessed, or has adjourned.

(b)(1) The Committee may require, by subpena or otherwise, the attendance and testimony of such witnesses and the production of such books, records, correspondence, memorandums, papers, documents, and other exhibits and materials, as it deems necessary.

(2) A subpena may be authorized and issued by the Committee in the conduct of any investigation or series of investigations or activities, only when authorized by a majority of the members voting, a majority being present.

(3) Notwithstanding subparagraph (b)(2) of this rule, a subpena may be authorized and issued in the conduct of any investigation or series of investigations or activities by the Chairman upon the concurrence of the ranking minority member on the Committee.

(4) Authorized subpenas shall be signed by the Chairman or by any member designated by the Committee, and may be served by any person designated by the Chairman or such member.

(c) The Chairman, or any member of the Committee designated from time to time by him, shall report on the meetings, hearings or other activities of the Committee to any other committee of the House which has subject matter jurisdiction therein.

RULE 7. BROADCASTING

(a) Whenever any hearing or meeting conducted by the Committee is open to the public, the Committee may permit such hearing or meeting to be covered, in whole or in part, by television broadcast, radio broadcast, and still photography, or by any of such methods of coverage, under the rules established by paragraph (b) of this rule: Provided, however, that the Chairman shall determine, in his discretion, the number of television and still cameras permitted in a hearing or meeting room.

(b)(1) If television or radio coverage of any hearing or meeting of the Committee is to be presented to the public as live coverage, such coverage shall be conducted and presented without commercial sponsorship.

(2) No witness served with a subpena by the Committee shall be required against his or her will to be photographed at any hearing or meeting or to give evidence or testimony while the broadcasting of such hearing or meeting, by radio, or television, is being conducted. At the request of any such witness who does not wish to be subjected to radio, television, or still photography coverage, all lenses shall be covered and all microphones used for coverage turned off.

(3) The allocation among the television media of the positions of the number of television cameras permitted by the Chairman shall be in accordance with fair and equitable procedures devised by the Executive Committee of the Radio and Television Correspondents' Galleries.

(4) Television cameras shall be placed so as not to obstruct in any way the space between any witness giving evidence or testimony and any member of the Committee, or the visibility of such witness and such members to each other.

(5) Television cameras shall not be placed in positions which obstruct unnecessarily the coverage of the hearing or meeting by other media.

(6) Equipment necessary for coverage by the television and radio media shall not be installed in, or removed from the hearing or meeting room while the Committee is in session.

(7) Floodlights, spotlights, strobelights, and flashguns shall not be used in providing any method of coverage of the hearing or meeting, except that the television media may install additional lighting in the hearing or meeting room, without cost to the Government, in order to raise the ambient lighting level in the hearing or meeting room to the lowest level necessary to provide adequate television coverage of the hearing or meeting at the then current state of the art of television coverage.

(8) In the allocation of the number of still photographers permitted by the Chairman to cover a hearing or meeting, preference shall be given to photographers from Associated Press Photos and United Press International Newspictures. If requests are made by more of the media than will be permitted by the Chairman, for coverage of a hearing or meeting by still photography, that coverage shall be made on the basis of a fair and equitable pool arrangement devised by the Standing Committee of Press Photographers.

(9) Photographers shall not position themselves at any time during the course of the hearing or meeting between the witness table and the members of the Committee.

(10) Photographers shall not place themselves in positions which obstruct unnecessarily the coverage of the hearing or meeting by other media.

(11) Personnel providing coverage by the television and radio media shall be then currently accredited to the Radio and Television Correspondents' Galleries.

(12) Personnel providing coverage by still photography shall be then currently accredited to the Press Photographers' Gallery.

(13) Personnel providing coverage by the television and radio media and by still photography shall conduct themselves and their coverage activities in an orderly and unobtrusive manner.

RULE 8. AMENDMENT OF RULES

The Rules of the Committee may be modified, amended, or repealed, by a majority of the members voting at a meeting at which a majority is present. Written notice of any proposed change shall be provided to each member of the Committee not less than 3 calendar days (excluding Saturdays, Sundays, and legal public holidays) before the meeting date on which such change is to be considered.

COMMITTEE MEMBERSHIP

The membership of the Select Committee on Narcotics Abuse and Control as of December 1987 is listed on page II of this report.

The composition of the Committee Membership changed slightly over the year. The tragic and untimely death of Congressman Stewart B. McKinney (R-CT) in May was a deep loss to the Committee. He was replaced by Congressman Tom Lewis (R-FL). In June, Congressman Robert T. Matsui (D-CA) was replaced by Congressman James A. Traficant, Jr. (D-OH). The Committee membership stands at 25 members pursuant to H. Res. 26, 100th Congress, the same number as served on the committee in the 99th Congress.

Committee Staff

The Select Committee's average staff level during 1987 consisted of 12 full-time professional staff, 1 shared professional staff, and 4 staff assistants. The Committee contracted a consultant for 5 months for expertise in the area of international narcotics control. In addition, the U.S. Customs Service and the Washington Metropolitan Police Department each detailed an employee to the Committee for the year to assist the Select Committee on long term research projects. During the course of the year the Committee had several volunteer student interns who assisted the Committee in its work. The Select Committee's printing and editorial needs were met by two detailees from the Government Printing Office. A complete list of the Committee staff as of December 31, 1987, is listed on page II of this report.

Committee Meeting

(February 4, 1987)

The organizational meeting of the Select Committee was held on February 4, 1987. The Select Committee adopted rules for the 100th Congress and the members discussed the Select Committee agenda for 1987.

AN OVERVIEW OF THE TRAFFIC AND ABUSE OF NARCOTIC AND PSYCHOTROPIC DRUGS IN 1987

During 1987, the Select Committee on Narcotics Abuse and Control continued its examination of Federal policies and programs to curtail the illicit production, manufacture and traffic of narcotic and psychotropic drugs and to prevent and treat drug abuse. The Anti-Drug Abuse Act of 1986 (P.L. 99-570) significantly expanded the Federal role in the area of narcotics abuse and control, concomitantly increasing the Select Committee's oversight responsibilities.

The 1986 Act authorized $2.9 billion, $1.6 billion of which was new funding. The Congress in turn appropriated in a Continuing Resolution $2.7 billion to implement the new law, $1.6 billion of which was new funding. This legislation, its potential to bring the problem of drug trafficking and abuse under control, and its implementation will be addressed in detail later in this report.

On the basis of the Select Committee's findings during 1985 and 1986, Chairman Rangel and Ranking Minority Member Gilman were joined by Committee members in sponsoring legislation designed to further increase Federal funding for State and local drug

enforcement efforts to curtail the availability of narcotic and psychotropic drugs, to enhance the coordination of Federal enforcement and treatment initiatives through a Director of National Drug Control Policy and to increase the voice of State and local officials involved in anti-narcotics efforts in the formulation of drug policies through an Assistant Attorney General for State and local law enforcement matters. These initiatives, taken together, would promote the coordination of Federal anti-drug policy and Federal, State and local policies.

The relationship between Acquired Immune Deficiency Syndrome (AIDS) and intravenous drug abuse had been well-documented prior to 1987. The significance of this relationship to the future course of the epidemic and the need for additional treatment resources to arrest the spread of the AIDS/IV epidemic, however, became strikingly evident this year. In response to the AIDS crisis, Chairman Rangel, Mr. Gilman, and other Members of the Select Committee introduced two bills. H.R. 2626 would authorize $350 million for AIDS research and education of which $100 million would be used for research on AIDS and intravenous drug abuse. H.R. 3292, the "Intravenous Substance Abuse and AIDS Prevention Act," would provide $200 million for drug abuse treatment, $100 million for pediatric AIDS-related services, and $100 million for AIDS prevention and education activities in high-risk communities.

In 1987, the drug trafficking industry in the United States continued to expand to an estimated $140 billion a year business. This underground economy spawns crime, violence and corruption; threatens legitimate business; diminishes industrial productivity and creates a serious drain on our national economy.

In addition to human suffering, estimates of the social and economic costs of drug abuse prevention, treatment, related crime, violence, death, property destruction, lost productivity and drug enforcement will total an additional $100 billion.

Drug abuse, which has been a serious health problem in the United States for two decades, is now a major national public health threat by virtue of the magnitude of the population using cocaine, heroin and marijuana and a variety of other narcotic and psychotropic depressants, stimulants and hallucinogens. This public health menace is now dramatically increased by intravenous drug users, particularly heroin addicts, who have a very high rate of contracting and spreading the Human Immunodeficiency Virus (HIV) and AIDS.

Available indicators of drug abuse signify a national problem that continues to grow worse. A 1985 survey of Americans age 12 and above, conducted by the National Institute on Drug Abuse, reports that 70.4 million or 37 percent of that population have tried marijuana, cocaine, or other illicit drugs at least once in their lifetime; 36.8 million or 19 percent have done so in the last year; and 23 million or 12 percent of the population over age 12 reported having tried illicit drugs at least once during the month prior to being surveyed.

Among employed 20–40 year olds, according to the National Household Survey, 29 percent reported use of an illicit drug in the past year. Nineteen percent reported some illicit drug use at least once in the past month.

It is estimated that there are at least 600 thousand active heroin addicts in the United States. Their number has been growing on an annual basis since 1979 as supplies in the way of quantity and quality of the drug has gradually increased.

About 25 million people are reported to use marijuana regularly in the United States and an additional 15 million may use it occasionally. An estimated 30 million are occasional users of cocaine in this country with an estimated seven hundred thousand to one million four hundred thousand addicted to the substance. Estimates of the number of regular users of cocaine in 1987 ranged from 6 to 8 million, as compared to 4.2 in 1982.

The results of a 1984 survey which reported that 5,000 people in the United States try cocaine for the first time each day continues to be valid. On the basis of increased availability of cocaine at lower or stable prices, the estimate of 5,000 new experimenters with cocaine every day may be conservative.

The 1986 annual survey of high school students, conducted by the University of Michigan for NIDA, reported that 58 percent of high school seniors had used illicit drugs. Most alarming is the fact that the prevalence rate for cocaine use had remained at an all time high of 17 percent among high school seniors.

The amount of illicit drug use among young Americans is still striking, despite some evidence of decline. The problem is underscored when one considers such facts as:

By their mid-twenties, nearly 80 percent of young adults have tried an illicit drug, including some 60 percent who have tried some illicit drug other than marijuana.

By age 27, approximately 40 percent of young Americans have tried cocaine.

One in twenty-five 1986 high school seniors smokes marijuana daily, and roughly the same proportion of young adults aged 19 to 27 do as well.

The abuse of psychotropics, PCP, amphetamine, methamphetamine and LSD during 1985 and 1986 appeared to have stabilized at a very high level. This may be due to increasingly effective enforcement against the illicit manufacture and traffic of the psychotropics in the United States or that psychotropic users have switched to cocaine because of its increasing availability and decline in prices. An estimated 7 million people abused the various forms of stimulants, depressants and hallucinogenic forms of psychotropic substances during 1986.

The dramatic decline in the abuse of methaqualone, first noted in 1984, continued during 1985 and 1986. This depressant form of psychotropic substances had been widely available and heavily abused for more than a decade. A prohibition on its legal manufacture in the United States and diplomatic initiatives abroad that persuaded the Peoples Republic of China and Hungary to strengthen their controls over the legal export of the chemical precursors to countries where methaqualone was being clandestinely formulated for trafficking to the United States was responsible for virtually eliminating the availability and abuse of methaqualone in this country. In 1983 methaqualone was number seven in the number of drug overdose fatalities and number six in the number of non-fatal hospital emergency treatment episodes. In 1986, it did not appear

on the list of drug-related deaths, indicating less than ten fatalities. Methaqualone ranked 69 on the list of drug-related emergencies, with 306 mentions.

Notwithstanding this clear evidence that the dramatic curtailment of the availability of a drug type creates a dramatic curtailment in the abuse of that drug, during 1987, many Federal, State and local officials charged with the responsibility to limit the availability of illicit drugs have continued to make statements that success in reducing drug abuse will only come by reducing the demand for drugs. Simultaneously, officials, practitioners and experts in the fields of drug abuse prevention and treatment have continued to state that it is extremely difficult to successfully prevent and treat drug abuse when the drugs of abuse are increasingly available, are of higher quality and are offered at stable or lower prices.

In September 1984, the White House issued the 1984 National Strategy for Prevention of Drug Abuse and Drug Trafficking. It was essentially similar to a strategy document issued in October 1982. Both documents promulgated a strategy that would bring the traffic and abuse of narcotics and psychotropic substances in the United States under control through the application of the classic principles of narcotics control. This included international cooperation to control the illicit production and traffic of narcotic and psychotropic drugs abroad affecting the United States, drug interdiction and enforcement at home along with drug abuse education, prevention and treatment programs.

In a departure from prior strategy documents where the elements of the Federal narcotic strategy were of relatively equal importance the 1984 strategy makes drug abuse prevention and education the foremost objective in our nation's drug abuse control effort.

Up until now, society's efforts to prevent the use of narcotic and psychotropic drugs, except for medical purposes, has been to prevent the availability of the drug to the would-be user. Recognizing that this could never be perfect, warnings and information on the dangers of the non-medical use of narcotics and psychotropics have been traditionally promulgated by society in the hope of preventing people from experimenting with and falling victim to drug abuse. Medical science as well as governments and the international narcotics control conventions have long recognized that those falling victim to dependence on narcotic and psychotropic drugs required treatment and therapy.

In the concerted international effort to bring drug abuse to acceptable levels since 1909, success has only come when supply over both short and long periods of time was substantially reduced. Nowhere can it be demonstrated than when narcotic and psychotropic drugs were easily accessible that education and information programs alone halted the spread of drug abuse. In an environment where there is a proliferation of illicit drug availability, epidemic drug abuse follows commensurate with availability. Drug abuse education will save some or many from falling victim to this phenomenon.

Unfortunately there are far too many individuals in any society who reject the education and information programs designed to prevent drug abuse. Medical doctors and nurses, who possess the

highest levels of education and knowledge of the dangers of non-medical drug use, have a higher rate of drug abuse than any other profession. Experts claim they fall victim to their easy access to narcotic and psychotropic drugs in their work. The victims of drug abuse either through ignorance or arrogance tend to underestimate the inherent dependence producing properties of the illicit drug with which they are experimenting and to overestimate their own human ability to control the use of a dependence producing drug. This human failing has proven to be universal. When drugs are available, they will be used; the more they are available, the more they will be used.

We as a nation have been failing to reduce the availability of all the illicit narcotic and psychotropic drugs being consumed in the United States. In fact, on an annual basis, with the exception of methaqualone, they all have significantly increased in availability since 1979. Simultaneously, our efforts to prevent and treat drug abuse have during the same period of time failed to prevent a steady increase in the number of abusers of widely available narcotic and psychotropic drugs across the nation.

This Committee supports the strategy goals of the Administration to simultaneously curtail the supply of illicit drugs and reduce demand through drug abuse prevention and treatment programs. This strategy is tried and proven and has brought short and long term successes in the past. It is not now working because up until now the funding, manpower, resources and priority assigned to it have been dramatically outpaced by an unprecedented volume of narcotic and psychotropic drug production and traffic. This production and trafficking, originating at both home and abroad, has provided an unlimited supply of drugs that continue to create and sustain increasing levels of drug abuse dependence and addiction. Hopefully, the Anti-Drug Abuse Act of 1986 will begin to turn this situation around.

In 1984, $1.43 billion was appropriated for overall drug law enforcement by the Federal government; in 1985, $1.65 billion; and for 1986, an estimated $1.7 billion. During this same period of time the dollar value of drug trafficking in the United States increased at an estimated rate of $10 billion per year as the quantities of cocaine, heroin, and marijuana smuggled from abroad increased as did domestic marijuana production and the illicit manufacture and traffic of psychotropic drugs within the country.

Funding provided for all health related drug abuse prevention and treatment programs over a period of time when illicit drug availability was rising was woefully inadequate to educate and warn our children, youth and all citizens of the dangers of illicit drug usage and treat the victims. $355 million was provided for treatment, prevention, and education, combined, in 1984; $400 million in 1985; and $400 million in 1986. For 1986, the Department of Education, with a budget of $18 billion, allocated $3 million for drug abuse education. The bulk of the health related drug abuse program was assigned to treatment and rehabilitation totaling $186 million in 1984; $203 million in 1985; and $200 million in 1986. For the same years prevention and education programs were assigned $43 million in 1984; $46 million in 1985; and $46 million in 1986.

1986 marked a major change in Federal support for anti-narcotics efforts. The Anti-Drug Abuse Act of 1986 substantially increased funding for anti-drug initiatives directed toward reducing both the supply of and demand for drugs in the nation. An additional $1.7 billion was authorized. The fiscal year 1987 budget provided a total of $3.8 billion for narcotics abuse and control. $913.8 million was allocated for drug education, treatment, and prevention and $2.9 billion for drug enforcement, interdiction, and international narcotics control.

International Control Efforts

During 1987, on the basis of its oversight investigation of the production and traffic abroad of coca and cocaine, opium and marijuana, this Committee found that our foreign policy and diplomatic efforts are failing to persuade the major drug producing nations with our financial and technical support to assume their obligation under the Single Convention on Narcotic Drugs of 1961 to eradicate illicit narcotic production and effectively suppress trafficking. During 1987, all indicators and evidence pointed to a continuing and dramatic increase in the illicit production and traffic of coca and cocaine affecting the United States from Latin America.

There is ample evidence that illicit opium production in 1987 sharply increased in a number of major producing countries. There is convincing evidence of a sharp increase in the illicit manufacture and traffic of heroin affecting the United States and most industrialized nations.

Reports of significant marijuana eradication in Colombia have not yet brought a significant reduction in supply from these sources. In 1987, marijuana eradication efforts drove net production down in Jamaica. Jamaica, however, remains an important transit point for South American cocaine.

Eradication efforts in Belize reduced marijuana trafficking from that country. There is evidence, however, that Belizean traffickers are using their established routes to smuggle cocaine to the United States.

Marijuana production and trafficking from Mexico reportedly increased following a trend that surfaced in 1984 after many years of successful eradication. Although Mexican authorities eradicated greater quantities of marijuana, net production increased in 1987. Mexico remains the largest single source of heroin and marijuana entering the country.

Guatemala became a new, albeit small, producer for international trafficking. It is a transit area for cocaine and a producer of opium poppy and marijuana.

This uncontrolled illicit production of narcotic drugs abroad will continue unless the United States in concert with its allies, all friendly countries and the United Nations, comes to a mutual understanding with all the major illicit producer countries on the extent of their problem and what they are required to do under the Single Convention on Narcotic Drugs to bring the production under control. Up until now, with the major source countries affecting the United States, our failure has been due to our reluctance to make compliance with the narcotic control obligations of the Single

Convention a sufficiently high priority in our relationship with them to cause the necessary corrective action to be taken.

A way must be found to convince and assist producer countries to overcome the hard political realities of eliminating or eradicating as necessary the enormous and expanding illicit cultivation of coca, opium and marijuana which is creating and sustaining the current worldwide drug problem. The cost in U.S. and other international donor assistance to aid producer nations to implement narcotic control measures would be modest. This committee supports increases in State Department funds for illicit narcotic crop elimination programs whenever such programs can be negotiated by the State Department.

The Anti-Drug Abuse Act authorizes additional funds for International Narcotics Control. It also included several key provisions to enhance international narcotics control.

The Act provides that 50 percent of U.S. assistance be withheld and require the U.S. representatives to the multi-lateral development banks to vote against loans or other assistance to each major illicit drug producing and drug transit country, unless the President certifies to Congress annually that the country has taken adequate steps to control illicit narcotics activities or that the aid restriction would be contrary to the vital national interests of the United States. Congress may override a Presidential certification by enactment of a joint resolution disapproving the President's determination.

The Act also provides new authority for the President to deny preferential tariff treatment to the products of any country that fails to cooperate with the United States in eradicating drug crops and apprehending drug smugglers. Moreover, it amended the Mansfield Amendment to allow U.S. drug enforcement agents to assist foreign officers in making drug arrests abroad, and to participate in direct police drug arrest actions in a foreign country provided the Secretary of State and the Attorney General determine that such activities are in the national interest of the United States.

Despite the new initiatives authorized under the Anti-Drug Abuse Act, we are a long way from effectively confronting the narcotics problem in the international arena. The long-range picture is still bleak.

The Military Role in Drug Interdiction

Regrettably, while the Congress in 1981 authorized military support to the drug enforcement agencies to suppress smuggling and expanded that authority in 1985, the assistance provided, while helpful, has not had an impact in reducing the problem. This is because the national defense need for constant military readiness prevents the military from dedicating the level of resources that could impact on smuggling prevention.

The 1986 Anti-Drug Abuse Act directed the Department of Defense to procure and lend additional aircraft and equipment to the Federal drug enforcement agencies to enhance drug surveillance and interdiction. In emergency circumstances, the Act also permits military equipment operated by military personnel to intercept sus-

pected drug smuggling aircraft and vessels outside the land area of the United States for purposes of communicating with them and directing them to a locale designated by appropriate civilian officials. This activity may continue into the land area of the United States in cases of hot pursuit which began outside the United States.

Interdiction

Confronted with a rising level of marijuana and cocaine smuggling by vessels and aircraft penetrating our coast line and southern border, we have not provided the Coast Guard or the Customs Service with sufficient patrol vessels, aircraft, radar and other equipment manpower or operating funds to effectively defend the nation against narcotic smuggling. The Drug Enforcement Administration has not been provided adequate manpower, equipment and funding to develop sufficient drug smuggling intelligence and investigations to enable the Coast Guard and Customs to be more effective in interdicting drug shipments.

Despite the best effort of the interdiction agencies, drugs continued to flood the borders in 1987. Only 5 to 15 percent of the drugs directed at this nation are estimated to be intercepted.

The Anti-Drug Abuse Act of 1986 authorized additional resources for the interdiction agencies. It also provided permanent authority for the assignment of Coast Guard personnel to Navy vessels for drug law enforcement. To facilitate implementation of this provision, the Act transfers $15 million from the Navy to the Coast Guard in 1987 for 500 additional Coast Guard personnel to be assigned to Navy vessels for drug enforcement duty.

Drug Enforcement

Unable, in concert with the Coast Guard and Customs, to prevent the bulk of the narcotic smuggling directed at the United States, DEA is left with the Federal responsibility to suppress the enormous organized interstate traffic of cocaine, heroin and marijuana entering the country. DEA simply has not had the manpower and operating resources to perform its anti-smuggling and narcotic enforcement role effectively. It concentrates on the most important violators and organizations. As a result, great numbers of important traffickers can avoid arrest and prosecution and an availability of drugs blankets the nation. The Administration's attempt to enhance drug enforcement resources by giving the FBI concurrent narcotics jurisdiction in 1982 has had no significant impact on reducing the supply of illicit drugs in our country.

Even by concentrating on the major violators there are complaints that there are some instances where there are too few Federal prosecutors and judges to handle that caseload. Notwithstanding effective work by the Coast Guard, Customs and DEA, their rate of drug seizures, arrests and convictions is insufficient to meaningfully reduce the availability of drugs and immobilize sufficient numbers of traffickers to have impact on the problem. This is because each year since 1979 the volume of cocaine and heroin and marijuana directed at the United States has substantially increased while enforcement has not kept pace.

State and Local Efforts: Enforcement, Education, Treatment, and Prevention

The inability of the Federal Government to prevent the entry and distribution of marijuana, cocaine and heroin nationwide has created a drug trafficking and abuse problem of such proliferation and volume that it overwhelms the State and local criminal justice and drug abuse prevention and treatment systems. It is in our local communities where the degradation and destructiveness of chronic drug abuse with its crime and violence takes its human toll. State and local police, narcotics enforcement services, prosecuting attorneys, courts, judges and prison systems all lack the personnel, facilities, equipment and funding to effectively suppress the wholesale and retail drug trafficking and related crime infecting their jurisdictions. In this environment drug abuse flourishes.

Despite the additional resources provided under the Anti-Drug Abuse Act of 1986, the burden of protecting our communities from the ravages of drug trafficking remains in the hands of State and local governments.

From 1984 through 1986 the Federal Government made available an average of $115 to $120 million for State and local drug abuse prevention, education and treatment. This level of funding is about 40 percent less than what was provided in 1980. Select Committee hearings during 1986 brought complaints by State authorities that these cuts in Federal drug abuse assistance have hampered their efforts to prevent and treat drug abuse. They stated that cuts had come at a time when drug availability and use was increasing and, simultaneously, treatment facilities were operating beyond capacity with long waiting lists of people seeking treatment in many communities.

In 1982, the responsibility of the National Institute on Drug Abuse (NIDA) to provide funding for drug abuse prevention and treatment to the States through "categorical grants was eliminated." This system provided funds for specific programs that met and conformed to guidelines and standards set by the Federal Government. Historically, dating back to the 1930's, the Federal Government pioneered programs for the prevention and treatment of drug abuse and conducted research into the causes and treatment of drug abuse. Through the categorical grant system and its depth of research and technical expertise, the Federal Government through NIDA set the direction of drug abuse prevention and treatment programs and maintained an active leadership role. The Federal "block grant" system established in 1982 provided "lump sum" funds to the States to be used for prevention and treatment programs at the States' discretion. NIDA became essentially a research agency. Moreover, while it may not have been intended, the Federal Government's role in setting direction and providing leadership on drug abuse prevention and treatment was withered.

In addition to complaints the Committee received from prevention and treatment professionals concerning insufficient funding provided to the States by the Federal Government to prevent and treat drug abuse, there were complaints that the Federal Government has failed to recognize the enormity of the national public health problem posed by drug abuse. They contended that because

of a lack of Federal policy direction and leadership, Federal, State and local resources had not been mobilized to effectively prevent drug abuse and treat all the unfortunate victims that seek treatment.

The lack of a well organized and administered Federal program in concert with State and local authorities across the nation to prevent and treat drug abuse does not square with repeated statements by the Administration about the need to reduce the demand for drugs and to take the customer away from the seller.

The treatment of drug abusers is a major component of demand reduction. Since drug abuse spreads from person to person like an infectious disease, drug abusers in treatment not only end their own use of drugs, but they are also prevented from infecting other susceptible individuals.

Professionals involved in drug abuse education programs regard them as imperative for the years kindergarten through high school (K through 12). This is regarded as the most reliable way to ensure that children and adolescents are provided the best education possible to develop an understanding of the dangers of illicit drug use and a predisposition to resist invitations to try or experiment with drugs. This is a consensus that not only should the Federal Government encourage the States to establish drug education programs (K through 12), but that the Federal Government is the only entity that could serve as the base for the coordination and research needed in such a program.

The Anti-Drug Abuse Act of 1986 mandated Federal support for State and local drug law enforcement, drug abuse treatment, and drug abuse education in the nation's schools. It established a new Federal grant program to assist State and local governments in law enforcement, authorizing $230 million for the next three fiscal years. A total of $241 million was authorized for alcohol and drug abuse treatment and rehabilitation programs in 1987 with 70.5 percent of these funds earmarked for distribution to the States. The legislation also established for the first time an active Federal role in drug abuse education. It authorized $200 million for Fiscal year 1987, $250 million for Fiscal year 1988, and $250 million for Fiscal year 1989 for a variety of Federal or Federally supported drug abuse education and prevention programs.

The President's Fiscal Year 1988 Budget requested significantly less funding for many of the programs in the Anti-Drug Abuse Act than the Congress had authorized. Only $100 million was requested for drug abuse education, half the amount provided for 1987. No additional funding was requested for drug abuse treatment and rehabilitation programs. The State and Local Narcotics Assistance Program, authorized for three years under the Act, was eliminated.

Subsequently, the Congress restored most of these budgetary cuts. These included $230 million for drug abuse education, $155.9 million in emergency drug and alcohol treatment funds, and $70 million to continue the State and Local Narcotics Assistance Program.

The 1986 legislation was a step in the right direction—to provide sorely needed support for State and local efforts. There still remains, however, a need for the President to lead his Administration in a reaffirmation of the historic commitment of the United

States to bring narcotic and psychotropic drug availability to the irreducible minimum, to educate and inform our people of the dangers of illicit drug use and to humanely ensure the availability of treatment to the unfortunate victims who seek help.

National Drug Policy Coordination

What has been severely lacking in the nation's anti-drug efforts is a comprehensive Federal strategy. The Select Committee has repeatedly called for such direction from the White House. Such a strategy is critical if our anti-narcotics abuse and control efforts are to succeed in reducing both the supply and demand for drugs.

On March 26, 1987, the National Drug Policy Board was created by Executive Order 12590. This Board expanded the National Drug Enforcement Policy Board, created under the National Narcotics Act of 1984, Title II of the Comprehensive Crime Control Act of 1984 (P.L. 98–473), to include the development and coordination of demand side drug policy issues as well as supply side concerns.

The Board is chaired by the Attorney General. The Secretary of Health and Human Services is the vice chair. Members of the Cabinet, the Director of the Office of Management and Budget, the Director of the White House Drug Policy Office, and the Director of the CIA comprise the Board.

Under the Board are two coordinating groups, one on drug enforcement and one on drug abuse prevention and health. Currently, the Drug Enforcement Coordinating Group is headed by Assistant Secretary of the Treasury Frank Keating. The Drug Prevention and Health Coordinating Group is chaired by Alcohol, Drug Abuse and Mental Health Administration Administrator Dr. Donald Ian Macdonald.

Nine Lead Agency Committees were designated in May of 1987. The five committees under the Drug Enforcement Coordinating Group are international, intelligence, interdiction, investigation, and prosecution. The four committees designated under the Drug Abuse Prevention and Health Coordinating group are: Prevention/Education, Mainstream Adults, High Risk Youth and Treatment.

The strategy and resource planning approached used within the Board structure is "bottom up." The process begins with the third level—the lead agency committees—comprised of those who implement policies. These committees prepare recommendations concerning strategies, resource allocation requirements and how to measure success.

The lead agency committees' recommendations are presented to the respective coordinating group, which includes all the agencies involved in the supply or demand side of the problem. The respective coordinating group discusses the recommendations relative to their side of the drug problem.

After the coordinating group discusses the recommendations, they are presented to the full National Drug Policy Board. At that level, the recommendations are discussed by the Cabinet Members.

During the Select Committee's December 8th hearing on the status of the Administration's anti-drug strategy, Assistant Secretary of the Treasury Francis A. Keating, Chairman of the National Drug Policy Board's Drug Law Enforcement Coordinating Group,

told the Committee that the Policy Board was reviewing Federal drug abuse prevention and enforcement strategies proposed by the agencies and would be making recommendations to the President. These strategy documents, which were to include recommendations to Congress for policy, regulatory and statutory changes as well as resource adjustments or enhancements, were to be released early in 1988.

During 1988, the Select Committee will continue its oversight of the national drug policy and proposed strategies. Hearings will be held to review the National Drug Policy Board strategy documents, when they are issued.

Trends in the Traffic and Abuse of Narcotic and Psychotropic Drugs

COCAINE

The amount of illicit narcotics entering the country continues to increase. The Select Committee estimated that 115.7 tons of cocaine were directed at this country in 1984; only 11.7 tons were seized. In 1985, this increased to 143 tons, with 18 tons seized. 1986 saw still further increases in cocaine, with an estimated 178 tons directed toward the country and only 28 tons seized.

Although additional equipment and personnel for narcotics interdiction and drug enforcement were provided under the Anti-Drug Abuse Act of 1986, our borders remain a sieve to illicit narcotics. This was confirmed in testimony by Administration witnesses during an oversight hearing on the implementation of the Anti-Drug Abuse Act, held by the Select Committee on December 8, 1987.

The root of the problem lies in the source countries. According to the 1987 *International Narcotics Control Strategy Report* (INCSR) of the Bureau of International Narcotics Matters, Department of State, bumper crops were reported in almost every major drug producing nation. The report indicates that coca production in the Andes increased 5 to 10 percent in 1986, with the possibility that cocaine importation into the United States may have increased as a consequence.

Despite this observation, Administration witnesses in December, 1987, told the Select Committee that 100 tons of cocaine had entered the country. Preliminary drug seizure statistics indicate cocaine seizures of 33 tons in 1987. Although this is an increase over the 28 tons seized in 1986, indicators of cocaine abuse suggest an increase in the flow of cocaine into the country well above the 100 tons estimated by the Administration and in excess of the 150 tons of cocaine estimated by the Select Committee in 1986. Cocaine-related hospital emergencies, deaths, and requests for admission to drug treatment have risen dramatically.

The National Institute on Drug Abuse (NIDA) sponsored Drug Abuse Warning Network (DAWN) annual data indicated 314 cocaine abuse deaths in 1983, 604 in 1984, 643 in 1985, and 1,092 in 1986. In 1983, cocaine abuse resulted in 7,194 hospital emergency mentions; in 1984, 10,996 mentions; in 1985, 13,501 mentions; and in 1986, 24,847 mentions.

One contributing factor to this trend may be the use of crack. Crack is cocaine freebase. It comes in rock or chunk form, is smoked and therefore is easy to use, is readily available, and is inexpensive. For these reasons crack is particularly attractive to young people. According to the 1986 survey of high school seniors, conducted by the University of Michigan and sponsored by the National Institute on Drug Abuse, 16.9 percent had used cocaine. Students who reported use of cocaine in the prior twelve months were asked if they had used cocaine in crack form. Approximately one in twenty-five seniors (4.1%) reported some experience with crack during the past year. The students indicating they had used crack came from small cities and non-urban communities, as well as the larger cities.

The use of crack is especially alarming, because it is highly addictive. Smoking cocaine freebase in dramatically more potent to the user because it is purer. Moreover, smoking more rapidly delivers a more powerful level of the alkaloid to the blood stream via the lungs than snorting cocaine does. Consequently, crack is more likely to produce dependency rapidly.

DAWN data for 1986 indicated not only an increase in cocaine-related drug related emergency room admissions and deaths, but an increase in the proportion of cases where cocaine was smoked. This would suggest the use of crack. Of the 24,847 cocaine-related emergency room mentions, reported in 1986 by DAWN, in 21.4 percent the means of administration of the drug reported was smoking. In contrast, in 1983, the annual data indicated 7,194 cocaine emergency room cases with only 2.2 percent of the cases attributable to cocaine that had been smoked.

The chart below provides a city-by-city breakdown of 1986 cocaine emergency room episodes.

COCAINE EMERGENCY ROOM MENTIONS REPORTING SMOKING FOR 27 METROPOLITAN AREAS IN 1986

	Total cocaine	Percent smoking
Los Angeles	2,657	30.6
Miami	1,495	35.1
Detroit	2,657	36.3
Indianapolis	39	7.7
Minneapolis	257	17.1
San Diego	269	14.9
New York	5,168	26.2
Cleveland	272	11.8
Denver	458	6.8
Chicago	1,784	16.5
Oklahoma City	102	14.7
Seattle	438	18.0
Kansas City	303	22.8
Phoenix	392	3.8
Philadelphia	1,579	13.3
Atlanta	356	7.3
Boston	553	9.6
San Francisco	525	14.5
Newark	805	27.1
New Orleans	450	5.6
District of Columbia	1,506	14.6
Dallas	480	9.4
Baltimore	498	2.8

COCAINE EMERGENCY ROOM MENTIONS REPORTING SMOKING FOR 27 METROPOLITAN AREAS IN 1986—Continued

	Total cocaine	Percent smoking
Buffalo	163	1.8
San Antonio	49	0.0
Norfolk	77	1.3
St. Louis	171	8.2
Total SMSA [1]	24,847	21.4

[1] SMSA—Standard Metropolitan Statistical Area.

Source: NIDA, DAWN Emergency room mentions, 1986 annual data.

In New York City, the number of cocaine related emergencies increased 10 percent between 1984 and 1985, from 2,472 to 2,729. In 1986, there was a dramatic upsurge in the number of emergency room admissions. Between the first 9 months of 1985, and the comparable period in 1986, the number of episodes increased 63 percent from 1,962 to 3,206.

Admissions to treatment in the New York City area also illustrate the progression of the cocaine and crack problem. In recent years the number of treatment admissions to state-funded programs in New York City with cocaine as the primary drug of abuse have been increasing steadily. Between 1985 and 1986, however, there was an increase of 87 percent, from 4,348 admissions to 8,140 admissions. Contributing to the increase was the growing proportion of clients indicating smoking as the primary route of administration—an increase from 43 percent in the fourth quarter of 1985 to 65 percent in the first quarter of 1987.

Another alarming phenomenon, seen in New York and other cities, is the increasing number of mothers indicating drug use, especially cocaine use, during pregnancy. In 1979, 11 percent of women reporting drug use during pregnancy used cocaine; by 1985, 51 percent indicated cocaine use. Preliminary findings for 1986 and 1987 show even greater increases. As of June 1987, more than 75 percent of mothers reporting drug use indicated cocaine use, particularly crack, during pregnancy.

With the continued influx of cocaine into the country, the prospects for any change in this situation in the near future are not promising. Moreover, because of the lag time in the reporting of drug statistics and the time lapse between initial drug use and observed effects, the level of drug trafficking and abuse indicated by current statistics may underestimate the severity of the problem at the present time.

HEROIN

From mid-1972 through mid-1974 heroin addiction in the United States was dramatically curtailed with the demise of the Turkish-French connection. From mid-1974 through much of 1976 heroin supplies from Mexico increased, causing a rise in addiction.

The aerial spraying of poppies in Mexico by mid-1976 through 1979 brought about a decrease in the availability and abuse of heroin. By 1979 supplies from Southwest Asia, mostly Pakistan,

erupted. Lesser quantities of heroin from Mexico and Southeast Asia remained steady and a sharply escalating trend in the traffic and abuse of heroin has continued since then.

There is a consensus among analysts that heroin availability and abuse has risen since 1979. In its 1984 Annual Report, released on January 3, 1985, the Select Committee reported 500,000 active heroin addicts and users in the United States and the availability of 10 tons of heroin. Based on documentation indicating that 15 tons of heroin entered the country in 1971 to support 600,000 addicts at the peak of the French Connection and given the availability of heroin in Pakistan, Mexico, and Thailand, it was believed that at least 10 tons of heroin had entered into the United States from 1981 through 1984 to sustain the 500,000 active addicts.

In 1985, the Committee estimated that there were approximately 550,000 active heroin addicts and users in the United States and that 11 tons of heroin were available that year to create and sustain this pattern of use. This trend continued in 1986, with an estimated 12 tons of heroin entering the United States, sustaining approximately 600,000 active heroin addicts and users.

The Select Committee's statistics on the amount of heroin entering the country have been significantly higher than those reported in the National Narcotics Intelligence Consumer's Committee Report (NNICC). In 1984, NNICC indicated that 5.97 tons of heroin were consumed in the United States. This underreporting pattern has continued. Despite clear increases in the availability of heroin and changes in other indicators suggesting a continued serious heroin problem, official Administration reports indicate only from 6 to 7 tons of heroin entering the country in 1986.

In 1985, opium production increased in Southwest Asia and Mexico while a decrease was reported in the Golden Triangle (Burma, Laos, and Thailand). An increased availability of opium was reported in Southwest Asia and the Golden Triangle in 1986.

Retail purity of heroin has increased in recent years. In 1985, the retail purity averaged 5.3 percent. In 1986, the average purity reported was 6.1 percent.

Heroin-related hospital emergency admissions and deaths have continued to increase. In 1983 the Select Committee reported 12,456 heroin hospital emergency overdose episodes and 1,188 deaths. For 1984, 13,355 hospital emergency overdose episodes and 1,499 deaths were reported to the Committee. In 1985, 14,696 heroin hospital overdoses, emergency mentions and 1,315 deaths were reported to DAWN. An additional 512 drug dependent deaths were reported by the New York City Department of Health. This situation has continued in 1986 with 15,382 heroin-related emergency room mentions and 1,549 heroin-related deaths reported to DAWN. In addition, the New York City Department of Health reports 601 cases of drug dependent mortality.

The combining of cocaine and heroin continues to be one of the two-way drug combinations mentioned most frequently in emergency room episodes. There were 3,788 such cases reported in 1986.

Admissions to drug treatment reflect a persisting serious heroin problem. Although in 1986, a number of States reported cocaine and marijuana treatment admissions exceeding heroin admissions, 22.3 percent of treatment admissions were for heroin abuse. Thus,

heroin treatment admissions still constitute the largest proportion of admissions.

AIDS AND IV DRUG USERS

The AIDS (Acquired Immunodeficiency Syndrome) epidemic continued in 1987. Intravenous drug users remain the second most common means of transmitting the AIDS (HIV) virus. By the end of December 1987, the Centers for Disease Control reported over 49,000 AIDS cases. Of these, one-fourth were associated with intravenous drug abuse. Among women with AIDS, half are intravenous drug users and the partners of intravenous drug abusers are the second highest risk category. Moreover, of the more than 700 pediatric AIDS cases, the overwhelming majority are attributed to parental IV drug use.

Geographically, most IV drug use related AIDS cases are found in New York and New Jersey. Within New York City, the New York State Division of Substance Abuse Services continues to report that intravenous drug use is the major risk factor in the spread of AIDS, especially when needles, syringes, swabs, or other drug-related instruments contaminated with blood infected with the HIV virus are shared. Given the fact that the vast majority of heroin addicts use the drug intravenously, many of whom share needles, those individuals are at high risk of contracting AIDS. Of 10,402 AIDS cases reported in New York where information is available, 3,649 or 35 percent, involved known intravenous drug users.

Deaths due to AIDS among intravenous drug users in New York City have increased significantly over the past few years. There were 88 such deaths in 1983, 293 in 1984, and 488 in 1985. Provisional findings provided by the New York State Division of Substance Abuse Services indicate approximately 1,000 deaths in 1986.

The most effective way to reduce the incidence of AIDS among IV drug users and the risk of spreading this disease is to ensure that IV drug users are provided treatment and are helped to remain drug free. H.R. 3292, the "Intravenous substance abuse and AIDS Prevention Act", which is described later in this report, responds to this need. It is, however, highly likely that we will continue to see a growing number of AIDS cases associated with IV drug use, as the AIDS epidemic runs its course.

MARIJUANA

On the basis of the indicators coming to its attention the Select Committee has estimated that between 30,000 to 60,000 tons of marijuana are being smuggled to the United States annually. This amount is augmented by an estimated 4,000 tons of illicit domestic cultivation. Since 1984, the Select Committee's estimates, which are based on illicit marijuana production and trafficking data, have been significantly higher than those of the Administration.

For 1984, this Committee reported that about 70 percent of the marijuana entering the United States originated in Colombia; 15 percent in Mexico; 7 percent in Jamaica; 5 percent in Belize and 3 percent in all other foreign sources. Domestic production amounted to an additional 13 percent of that total.

In 1985 there was reason to believe that Mexico had captured a larger share of the market. Estimates were that Colombia supplied 60 percent; Mexico, 25 percent; Jamaica, 7 percent; Belize, 5 percent; and all other foreign sources, 3 percent.

For 1986, it was estimated that Colombia had maintained its 60 percent share of the market; Mexico, 25 percent; Jamaica, 5 percent; Belize, 4 percent; Guatemala, a relatively new producer, 3 percent and all other foreign sources, 3 percent.

In 1980 only two States reported a significant marijuana cultivation problem. By 1986, all States reported significant cultivation as well as programs, in concert with the Drug Enforcement Administration, to eradicate this production.

It is estimated that 25 million people in the United States regularly use marijuana and as many as 40 million may be occasional users; 62 million, reportedly, have tried marijuana once in their life. The 1986 survey of high school seniors, conducted by the University of Michigan Institute for Social Research for the National Institute on Drug Abuse, reported that marijuana remains the most widely used illicit drug among high school seniors; 50.9 percent reported they had used it at least once, 39 percent during the past year, 23 percent in the past month and 40 percent reported daily use; 6,046 marijuana mentions in emergency rooms were reported in 1986. Marijuana was mentioned in 12 drug-related deaths. In emergency room cases, marijuana was mentioned most often in combination with alcohol, cocaine, and PCP.

HASHISH

During 1986, the Select Committee found that the estimated level of hashish smuggled into the United States remained at about 200 tons, with trafficking and abuse patterns within the country showing no significant change. Approximately 60 percent of the hashish entering the country originated in Pakistan and Afghanistan, 30 percent in Lebanon, 5 percent from Morocco, and 5 percent from all other sources. In 1987, preliminary reports indicate seizures of 2 tons of hashish.

PSYCHOTROPIC DRUGS

During 1986, in addition to the traffic and abuse of the three basic natural narcotic substances—cocaine, heroin and marijuana—the widespread illicit manufacture, trafficking and abuse of the psychotropic drugs—PCP, methamphetamine, and LSD—continued in the United States. In 1986 it was estimated that 7 million people abused the various stimulants, depressants or hallucinogenic forms of the psychotropic substances. This trend appears to be continuing in 1987.

Among psychotropic drug related hospital emergency cases, in 1984, the ranking was as follows: diazepam, PCP, marijuana, barbiturate/sedatives, methamphetamine, amphetamine, methaqualone and LSD. During the same year, among reported deaths involving psychotropic drugs, barbiturates ranked first, followed by diazepam, PCP, methamphetamine, methaqualone, amphetamine and LSD.

81-767 0 - 88 - 2

In 1985 reported hospital emergencies were led by diazepam, followed by PCP, barbiturates, amphetamine, methamphetamine and methaqualone. Psychotropic drug involvement in reported deaths were led by barbiturates, followed by diazepam, PCP, amphetamine, methamphetamine, methaqualone and marijuana.

Diazepam again ranked first in hospital emergencies in 1986. It was followed by PCP, barbiturate/sedatives, amphetamine, methamphetamine, LSD, and methaqualone. Among drug-related deaths, barbiturates ranked first, followed by diazepam, PCP, methamphetamine, amphetamine, marijuana and methaqualone.

There was a sharp rise in the illicit manufacture, traffic and abuse of methamphetamine throughout much of the country during 1984 and 1985, but particularly in Texas and Southern California. In 1983, 122 illicit laboratories were seized; in 1984, 185; in 1985, 206 and in 1986, 310. Dosage units seized in 1982 were 3.9 million; in 1984, 9.7 million; in 1985, 16.4 million and in 1986, 27.3 million.

Medical emergencies involving PCP in 1985, increased in 6 DAWN metropolitan areas. They were: Kansas City, Miami, Oklahoma City, St. Louis, San Francisco and Washington, D.C. In 1986, increases were seen in Baltimore, Chicago, Kansas City, Miami, St. Louis, San Francisco, and Washington, D.C. PCP emergency room mentions in Washington, D.C. almost doubled between the first half of 1984 and the second half of 1986.

Before 1983, 85 percent of the methaqualone trafficked in the United States was smuggled in from abroad, 10 percent was diverted from supplies legally manufactured in the United States and 5 percent was produced in clandestine laboratories in the United States.

Legal domestic manufacture ceased in November 1982. Since then, 95 percent of the supply has been smuggled into the country from abroad and 5 percent continues to be illicitly produced domestically. Cooperative diplomatic action abroad has dramatically curtailed the availability of the essential chemicals for the illicit manufacture of methaqualone and also tightened controls to prevent diversion of legal manufacture and stocks. This has resulted in reducing the availability of methaqualone in the United States by an estimated 80 percent in 1985 from what it was in 1981.

Methaqualone related deaths declined from 165 in 1981, to 11 in 1984, to 8 in 1985 and to 4 in 1986.

The Committee is informed that the combining of alcohol with narcotic and psychotropic drugs as well as with other medicines and chemical substances on an annual basis between 1983 and 1985 has resulted in from 25,000 to 30,000 hospital emergency treatments and between 900 and 1,000 deaths. In 1985, the most commonly encountered controlled substances found in combination with alcohol requiring emergency treatment were: (1) diazepam; (2) barbiturates; (3) marijuana; and (4) heroin. Among drug-related deaths the ranking of substances in combination with alcohol was as follows: (1) heroin; (2) barbiturates; (3) diazepam; and (4) codeine. In 1986, the substances found in combination with alcohol in hospital emergencies were: (1) cocaine, (2) heroin, (3) diazepam, (4) marijuana, and (5) PCP. Deaths attributable to alcohol in combination

with other substances ranked as follows: (1) heroin, (2) cocaine, (3) codeine, and (4) diazepam.

In 1986, diazepam ranked fourth among all drugs (including alcohol-in-combination) mentioned most frequently in emergency rooms. About 70 percent of all diazepam mentions in recent years have been in combination with other psychoactive substances. Alcohol is mentioned most frequently.

REPORTED DRUG ABUSE DEATHS

	1984	1985	1986
Heroin	1,499	1,315	1,549
Cocaine	604	643	1,092
Barbiturates/sedatives	452	424	459
Diazepam	279	315	317
PCP	226	195	245
Amphetamine	81	77	62
Methamphetamine	11	64	114
Marijuana	59	24	12
Methaqualone	1	8	4
Total	3,212	3,065	3,854

REPORTED DRUG ABUSE HOSPITAL EMERGENCIES

	1984	1985	1986
Heroin	13,355	14,696	15,832
Cocaine	10,996	13,501	24,847
Diazepam	9,042	8,324	7,653
PCP	6,242	5,677	6,421
Marijuana	4,489	5,271	6,046
Barbiturate/sedatives	3,927	3,562	2,944
Methamphetamine	1,948	800	1,027
Amphetamine	974	1,118	1,189
Total	50,973	52,949	65,959

By all reports, PCP is of illicit domestic manufacture, as is the bulk of amphetamine and methamphetamine. Amphetamine is, however, also illicitly produced in substantial quantities in Mexico for smuggling into the United States and methamphetamine is occasionally smuggled in from Canada.

LSD is of illegal domestic manufacture and is also smuggled in from Western Europe. Although much less in volume, psilocybin, mescaline and liquid cannabis are illicitly manufactured, trafficked and abused in the United States. Liquid cannabis is also smuggled from the hashish and marijuana producing countries.

The total number of clandestine illicit narcotic and psychotropic laboratories seized in the United States has continued to rise steadily from 183 in 1981 to 682 in 1987.

DOMESTIC ILLICIT NARCOTIC AND PSYCHOTROPIC DRUG CLANDESTINE LABORATORY SEIZURES

	1981	1982	1983	1984	1985	1986	1987
Methamphetamine	89	132	122	106	206	310	562
PCP	35	47	47	12	21	7	11

DOMESTIC ILLICIT NARCOTIC AND PSYCHOTROPIC DRUG CLANDESTINE LABORATORY SEIZURES—Continued

	1981	1982	1983	1984	1985	1986	1987
Amphetamine	14	18	25	14	43	67	66
Methaqualone	13	7	11	3	5	4	1
PCE	0	1	1	1	0	0	0
P2P	0	6	7	7	21	21	19
PHP	0	0	2	0	0	0	0
DMT	0	1	1	0	0	0	0
MDA	0	3	5	0	3	3	1
Fentanyl	0	0	0	0	0	3	1
Psilocybin	0	0	2	1	1	0	0
LSD	4	0	0	0	0	0	0
Mescaline	1	2	0	0	0	0	0
Cocaine	5	6	10	16	26	21	0
Heroin	0	0	2	2	0	0	17
Methadone	0	1	1	0	0	0	0
Hashish Oil	0	0	4	1	0	0	0
Other hallucinogens	10	0	0	0	0	0	0
All others	12	0	0	0	2	8	0
Total	184	224	226	163	329	442	682

Diazepam is most widely prescribed as a depressant-tranquilizer and is the most widely abused psychotropic substance. It is still the primary ingredient found in counterfeit methaqualone tablets. An illicit traffic in diazepam has developed in recent years supplied through over-prescribing, diversion and smuggling from abroad. Canada is the primary source of diazepam smuggled to the United States. There is no record of any clandestine diazepam laboratories being seized in this country.

TREATMENT ADMISSIONS

Treatment admissions statistics are another indicator of the extent of the drug problem. For Fiscal Year 1985, the National Association of State Alcohol and Drug Abuse Directors (NASADAD) received reports of treatment admissions from 46 State agencies, the District of Columbia, Guam, and Puerto Rico. They reported 305,360 drug client treatment admissions. In 1986, NASADAD received information from 45 State agencies, the District of Columbia, Puerto Rico, and the Virgin Islands and reported a total of 385,593 drug client admissions.

Of the 305,360 admissions in 1985, 274,861 drug client admissions could be categorized by type of treatment. Forty-six agencies reported 12,586 admissions to hospitals, 52,925 to residential facilities and 209,350 to outpatient environments. In terms of treatment modality, 41,973 client admissions were for detoxification, 38,460 were for maintenance and 195,187 were for drug-free types of treatment services. In 1986, of the 364,773 admissions categorized, 17,727 were admissions to hospitals, 68,687 were to residential facilities and 278,368 were to outpatient facilities. In terms of treatment modality, 45,236 were for detoxification, 38,294 were for maintenance and 281,243 were for drug-free types of services.

Of the 46 States, the District of Columbia, the Virgin Islands and Puerto Rico which reported admissions data by sex in 1986, 65 per-

cent of the drug client admissions were male, 31 percent were female, and sex data were not reported for 4.1 percent of drug treatment admissions. The breakdown by age was: 8.2 percent under age 18; 6.0 percent 18–20; 10.8 percent 21–24; 27.4 percent 25–34; 9.7 percent 35–44; 2.0 percent 45–54; 0.6 percent 55–64; 0.2 percent age 65 and over; and 35.2 percent not reported.

Client admissions by race/ethnicity were reported in 1986 by 45 States, the District of Columbia, Puerto Rico, and the Virgin Islands. The breakdown was as follows: 49.8 percent White, not of Hispanic origin; 20.7 percent Black, not of Hispanic origin; 9.5 percent Hispanic; 0.4 percent Asian or Pacific Islander; 1.1 percent American Indian or Alaskan Native; 0.2 percent other; and 18.3 percent not reported.

Heroin still constituted a large portion of drug client admissions by drug of choice—22.3 percent. In many States, however, cocaine or marijuana mentions exceeded heroin mentions. For the first time, seventeen States provided NASADAD with information on the total number of IV drug users. The highest estimates were provided by New York (260,000), California (220,000), and Texas (159,264). The total number of IV drug users reported was 1,067,123.

The number of drug client treatment admissions according to primary drug of abuse are presented in the following chart. Information was available on 267,615 admissions in 1985 and 390,241 admissions in 1986.

TREATMENT ADMISSIONS BY PRIMARY DRUG OF ABUSE

	1985	1986
Heroin	89,456	87,177
Other non-Rx methadone	1,637	1,547
Opiates/synthetics	13,966	12,032
Barbiturates	2,974	2,884
Tranquilizers	3,936	3,974
Other sedatives/synthetics	2,772	3,412
Amphetamines	15,185	16,687
Cocaine	39,837	58,087
Marijuana/hashish	62,225	77,682
PCP	11,432	9,040
Other hallucinogens	2,346	3,022
Inhalants	1,716	1,716
Over the counter	570	512
Other	18,368	47,193
Not reported		65,254
Total	267,615	390,241

New York City statistics indicate an increase in treatment admissions for cocaine. The number of treatment admissions to state-funded treatment programs in New York City with cocaine as the primary drug of abuse increased seven percent between 1982 and 1983 (from 1,804 to 1,936). Between 1983 and 1984, the number increased a dramatic 63 percent (from 1,936 to 3,159). Between 1984 and 1985 there was a 36 percent increase (from 3,159 to 4,348). Between 1985 and 1986, the increase was most dramatic with 8,140 admissions, an increase of 87 percent. These increases come at a

time when treatment programs funded by the State have been operating at capacity or above.

Treatment admissions with cocaine as primary drug of abuse [1]

Year:	
1983	1,936
1984	3,159
1985	4,348
1986	8,140
1987	[2] 2,169

[1] Source: New York State Division of Substance Abuse Services.
[2] First quarter admissions.

Treatment admissions with heroin as primary drug of abuse [1]

Year:	
1984	13,260
1985	12,863
1986	11,223
1987	[2] 4,805

[1] Source: New York State Division of Substance Abuse Services.
[2] First two quarters of 1987.

The chart above shows the number of New York City heroin treatment admissions and the percentage of admissions that report heroin as the primary drug of abuse. Heroin admissions to state-funded treatment programs in New York City have declined steadily since 1982 but were stabilizing in 1985. These declining admissions were probably related to the fact that most treatment programs, especially methadone programs, had been operating at capacity or above. State-funded programs of all modalities with a capacity of 31,804 in New York City were operating at 102 percent capacity in June 1987. State-funded methadone programs were operating at a capacity of 105 percent with a census of 25,276 clients in June 1987, there was a waiting list of 575.

With the dramatically increasing numbers of cocaine admissions to drug-free treatment programs in New York City the proportion of heroin admissions to these programs has been declining. Consequently, heroin admissions comprise a declining proportion of all admissions to treatment programs. Nevertheless, heroin remains the leading drug of abuse among admissions to treatment programs in New York City.

CONCLUSION

Whether one looks at overall trends or annual statistics, the picture is bleak. Yet, these figures indicate only the tip of the iceberg. Statistics are reported voluntarily. DAWN data are not only based on voluntary reporting, but includes information from only 27 metropolitan areas. While drug abuse may be a more severe problem in major metropolitan areas, the problem exists across the country. Thus, the picture of the extent of drug abuse given by these figures is only a partial one. The actual extent of the problem is even greater.

RECOMMENDATIONS—GENERAL

(1) A full-time, cabinet level official—someone who would have direct access to the President—is needed to be in charge of Federal anti-drug efforts.

(2) Stopping drug abuse has become the linchpin to stopping AIDS. More than a quarter of U.S. AIDS cases, more than half of the AIDS cases in women, and more than three out of four AIDS cases in children are associated with intravenous drug use. A Federal program of treatment-on-demand and education to get AIDS warnings to addicts is needed, along with research to develop better treatment to get people off drugs.

(3) From 1976 through 1985, over 36,000 Americans died from drug overdoses. We must recognize that each day we are losing more American lives to foreign produced drugs. The President and Secretary of State should speak out forcefully against the international drug trade and take the lead in bringing together world leaders to fight this cancer. We must improve cooperative efforts by having long-term, bilateral agreements with producing and trafficking nations to curb the drug trade. And we must insist on strong regional anti-drug strategies, supported by the United States and the international community. The President should call summits of regional leaders to initiate common plans against the drug threat. For those who fail to cooperate, we must be willing to use legislative sanctions that tie U.S. aid and trade benefits to progress in drug control.

(4) As we work toward controlling the illicit supply of drugs, our principal weapon against drug abuse must be a long-term commitment to education in every classroom. With a national dropout rate of approximately 24 percent, and that of large urban areas approaching 50 percent or more, we also need expanded community-based efforts to reach those children who are not in schools and their parents. The Federal Government must provide the leadership in identifying what works and disseminating that information.

(5) The numbers of Americans, particularly young people, using illicit drugs and seeking treatment have never been higher. Increasing drug-related injuries and deaths underscore the public health crisis that drug abuse poses. No one seeking treatment for drug abuse should be turned away for lack of space. Too often, the only alternative for addicts is to return to crime. We urge a Federal commitment to expand: community-based treatment capacity; outreach programs to bring illicit drug users into treatment; prevention programs to reduce drug abuse; and research to develop more effective means of preventing and treating drug abuse, including the abuse of alcohol.

(6) As Commander-in-Chief, the President must utilize our Armed Forces to prevent drug laden planes and vessels from penetrating our territory with impunity just as the military would be used to repel any other foreign enemy.

(7) Only the complete involvement of all sectors of the community will assure a consistent voice against drug abuse. State and local law enforcement are overwhelmed by increasing amounts of illicit drugs. Continued funding of the State and Local Narcotics Assistance Act is essential to the nation's overall anti-narcotics effort. Federal leadership requires a full partnership—cooperation in investigations, sharing resources, providing help to hold the line in communities under siege, providing the leadership with an effective blueprint and competent direction.

(8) When Congress appropriates taxpayer dollars for State and local anti-drug efforts, we expect accountability. There must be effective use of the taxpayers' dollars in the war on drugs.

RECOMMENDATIONS—INTERNATIONAL NARCOTICS CONTROL

(1) The State Department needs to elevate the priority of international narcotics control in U.S. foreign policy. Heretofore, narcotics control has been a low priority item for Secretary Shultz. The Secretary himself needs to be more visible and vocal on the issue as he is on arms control, terrorism and communism. It is imperative that our Nation's foreign policy make narcotics control a priority and that the Secretary of State craft creative strategies to control the cultivation and trafficking of illicit drugs and assist those nations whose governments have fallen prey to the power of international drug syndicates.

(2) Every effort must be made to assist the Government of Colombia in strengthening Colombia's judicial system and resolving difficulties in the legal status of the extradition treaty with the United States.

(3) Official corruption in the Bahamas, Mexico and Panama remains an impediment to our international narcotics control and interdiction efforts. The United States needs to develop a strategy to respond to official corruption that aids and abates illicit drug production and traffic significantly affecting our nation.

(4) Every effort must be made to develop and market an effective herbicide for aerial eradication of coca in Colombia, Peru, and Bolivia.

RECOMMENDATIONS—FEDERAL INTERDICTION AND ENFORCEMENT

(1) The Federal drug enforcement effort needs to be better coordinated. The various executive departments, agencies, and bureaus with drug control responsibility lack a unified focus and are often at odds in carrying out their respective mission. Problems are often resolved from the "bottom up" employing a least common denominator method of dispute resolution where the goal is to satisfy in part the various demands of competing agencies and not achieve a comprehensive solution to a particular problem. The National Drug Policy Board is not a sufficient response to the coordination issue. While it may improve cooperation on selected issues of operations, the board itself merely institutionalizes the current decision making process. The Administration must review the way it wages the "War on Drugs" with a view toward achieving strong leadership over all the agencies involved in the effort and effective implementation of a "top down" Federal drug strategy.

(2) The Select Committee commends the dedicated personnel of the U.S. Coast Guard, the U.S. Customs Service, the Drug Enforcement Administration, and all the other Federal, State, and local agencies involved in the war on drugs. The Members of the Select Committee are pleased by the passage of P.L. 99-570, the Anti-Drug Abuse Act of 1986. This Act provided extensive new resources to both the U.S. Coast Guard and the U.S. Customs Service. The Select Committee will monitor use of these assets carefully to see what impact they are having in the drug war. We want to be sup-

portive of the efforts of all narcotics law enforcement agencies. We expect the Coast Guard and the Customs Service to keep the Select Committee informed of their progress and what additional resources and personnel are needed.

(3) The Select Committee strongly supports the idea of sharing forfeited assets among Federal agencies and their State and local counterparts who assist in drug investigations. The Committee wishes to reiterate, however, that sharing of forfeited assets is not a substitute for a comprehensive program of Federal assistance to State and local governments for narcotics law enforcement, such as provided in the Anti-Drug Abuse Act.

(4) The battle against narcotics trafficking has intensified so rapidly over the past few years that many agencies involved do not really know what equipment from the military would be most useful to them. The DOD Task Force examining this issue should, as expeditiously as possible, provide guidance to Federal, State and local law enforcement as to what DOD assets are most useful to their respective needs and missions.

(5) In terms of an international strategy, we need to work much harder in source countries in developing intelligence to improve our interdiction and enforcement capabilities.

(6) There is a need for examination of the enforcement authorities of Immigration and Naturalization Service (INS) officers to allow them to effect arrests for felony violations. This area requires further study and clarification by the appropriate legislative committees:

RECOMMENDATIONS—STATE AND LOCAL DRUG ENFORCEMENT

(1) At a minimum, Federal financial assistance for narcotics law enforcement should be kept at the levels approved in the Anti-Drug Abuse Act. Higher levels of funding should be explored by the Committee on Appropriations and the Judiciary if current authorized levels are inadequate to assist the States and units of local government in effective drug law enforcement.

(2) State agencies charged with administering the program of State and local assistance for narcotics law enforcement should allocate funds to ensure that areas with the greatest need receive the needed resources. Further, State agencies should adopt procedures which ensure that local units of government have significant input into how Federal financial assistance is allocated under the required statewide plan.

(3) Whether part of the funds designated for State and local narcotics control assistance should be used for administrative expenses is a matter of dispute. The Select Committee recognizes that many local criminal justice planners oppose this expenditure at the State level because it dilutes the total pool of available funds. The preparation of a comprehensive statewide plan for drug enforcement activities funded by the grant program is, however, an integral part of the assistance plan and it does not seem unreasonable to the Select Committee to designate a portion of the Federal financial assistance to help pay these costs. If a locality is called upon by the State to increase costs in the preparation of the statewide plan, it should be reimbursed those costs. Moreover, if the statewide plan-

ning function has been completed, State administrative funds should be reduced to a minimum level for program management.

(4) A one-year funding cycle creates instability and uncertainty. Therefore, any program of Federal financial assistance to State and local governments for narcotics law enforcement should be funded through its authorized period.

(5) The Attorney General or the Director of the Bureau of Justice Assistance should encourage State agencies responsible for administering the program of Federal financial assistance to State and local governments to ensure that large population centers receive their fair allocation of funds under the program.

(6) A separate block grant formula should be considered for distributing the funds under the State and local narcotics control assistance grants program directly to large cities and counties.

RECOMMENDATIONS—EDUCATION

(1) An effective national program of drug abuse education is an important part of a comprehensive national drug strategy.

(2) Money, by itself, will not solve America's drug problem; however, a realistic program of drug abuse education must be adequately funded if it is to have any chance of being successful. The Select Committee, therefore, recommends that a national drug abuse program be funded for the fiscal years 1988 and 1989 at $250 million annually, which are the amounts contained in the Anti-Drug Abuse Act of 1986.

(3) In order to maximize the impact of Federal dollars, smaller, neighboring school districts should be encouraged to create consortia to conduct effective drug education programs, as permitted by the Anti-Drug Abuse Act of 1986.

(4) The difficulty in attracting and retaining high-quality drug abuse educators and treatment and rehabilitation counselors for 1-year programs with questionable financial backing cannot be overstated. People are understandably reluctant to enter into this type of employment situation. Multi-year programs of drug abuse education, such as contained in the Anti-Drug Abuse Act of 1986, are needed to attract qualified personnel to teach effective drug abuse education in the classroom.

(5) The Department of Education should develop drug abuse education programs and curricula for State and local education agencies to draw upon in developing school-based programs. The Department also should develop objective criteria for evaluating drug abuse education programs and curricula (e.g., is the information factually accurate? Is it age-appropriate? What message does the material convey?). The Department should use these criteria as a basis for evaluating existing programs and curricula. The results of these assessments should be widely disseminated to State and local school agencies to guide them in selecting drug abuse education materials.

(6) The programmatic evaluation of the drug abuse prevention program of a local school district should be performed by the State education agency. If, after a reasonable period of time, a local school district is not making sufficient progress in implementing an effective drug abuse education program on its own, the local school

district should receive technical assistance and guidance from the Department of Education and the State educational agency on the development of effective drug education programs. This is the approach approved by the House in H.R. 5, the School Improvement Act of 1987. This legislation, which reauthorizes the Drug Free Schools and Communities Act through fiscal year 1993, passed the House on May 21, 1987.

(7) In their testimony before the Select Committee, Education Department witnesses recommended congressional approval of legislation proposed by the Department that would permit States to cut off drug education funding to local schools that fail to make reasonable progress in implementing an effective drug education program. Such authority was proposed as a way to hold schools accountable for the effectiveness of programs funded under the Drug Free Schools and Communities Act. The Select Committee has no quarrel with the concept that ineffective programs should not continue to receive Federal funding. We believe, however, that the approach adopted by the House in H.R. 5 is the appropriate course of action at this time.

Recommendations—Treatment and Prevention

(1) The ADMS Block Grant Program and the emergency grant program enacted in the Anti-Drug Abuse Act of 1986 should be reauthorized for an additional three years. Any shorter program could potentially disrupt the State planning process if major changes in the program were enacted on an annual basis.

(2) The Committee on Energy and Commerce should review the distribution of funds under both the ADMS Block Grant and the emergency grant program enacted in the Anti-Drug Abuse Act of 1986 to ensure that funds are distributed to the States in an equitable manner. To ensure that the needs of those persons currently in treatment continue to be met, any changes in the formulas for distributing funds to the States should be carried out in a way that will protect against disruption of existing services.

(3) It is essential that drug abuse research be funded on a steady, regular basis with incremental yearly increases in funding. "Roller coaster" funding cycles with deep cuts one year, followed by large (25 percent or more) increases in funding the next year, should be avoided. Also, research contracts should be awarded on a 2- or 3-year basis to promote greater stability in the research effort.

(4) The Anti-Drug Abuse Act also created within ADAMHA the Office for Substance Abuse Prevention. This Office can provide a useful public service by administering the "Alcohol and Drug Abuse Information Clearinghouse" and by awarding grants for "prevention, treatment, and rehabilitation model projects for high risk youth." If OSAP is to have any long-term impact in curtailing drug abuse in America, it must be provided with funding beyond 1987.

(5) Additional funding is needed to expand and staff drug abuse treatment facilities to service the needs of drug abusers and reduce waiting lists. This is especially critical in light of the AIDS crisis and the wide availability of cocaine and "crack" throughout the country.

ACTIVITIES

Committee Hearings

OVERVIEW OF THE ANTI-DRUG ABUSE ACT OF 1986

Introduction

Enactment of the Anti-Drug Abuse Act of 1986 (P.L. 99–570) was an historic step in the national fight against drug abuse and drug traffic. For the first time, Congress passed legislation addressing all aspects of our nation's drug problem—international narcotics control, interdiction, drug law enforcement, treatment, prevention and education.

Passage of this landmark legislation by overwhelming majorities of both Democrats and Republicans was the direct result of the strong bipartisan support of the House leadership who initiated and guided the crafting of this comprehensive measure. The Select Committee on Narcotics Abuse and Control is proud to have played a unique role in the development of this bill. The Committee served as a resource to the standing committees of the House and individual members during the development of the bill and directly assisted the House leadership in managing the bill on the House floor. The Select Committee is pleased that the Anti-Drug Abuse Act incorporated the substance of several legislative initiatives proposed by the Committee, especially as regards assistance for drug enforcement, treatment and education efforts at the state and local level.

In fulfillment of its responsibility to conduct continuing oversight of drug abuse problems and programs to address those problems, the Select Committee on Narcotics Abuse and Control held a series of oversight hearings in 1987 on P.L. 99–570, the Anti-Drug Abuse Act of 1986. During the course of these hearings the Select Committee examined all aspects of the omnibus drug law including provisions relating to drug abuse education, Federal assistance to state and local governments for narcotics law enforcement, drug interdiction, treatment and prevention, and international narcotics control. Hearing dates and subjects were: February 26 and June 9, drug abuse education; March 4, assistance to state and local narcotics law enforcement; March 11, treatment and prevention; March 18 and April 30, drug interdiction; and March 25, impact of Federal drug budget cuts and international narcotics control. On December 8, the Committee held a year-end hearing to review the Act's implementation and the status of the Administration's anti-drug strategy, taking testimony from a panel of witnesses representing the Administration's National Drug Policy Board.

Summaries of these hearings appear below. The Select Committee plans to continue vigorous oversight of the Anti-Drug Abuse Act in 1988.

Drug Abuse Education (February 26, 1987)

Witnesses:

Gordon M. Ambach, Commissioner of Education, State of New York.

Edward T. Duffy, Deputy Chief of Staff, Office of the Governor, State of Illinois.

Holmes Braddock, Member, Dade County School Board, Miami, Florida, and representative of the National Association of School Boards.

John P. Walters, Special Assistant to the Hon. William Bennett, Secretary of Education.

Chairman Rangel opened the hearing by noting that the Administration reduced drug education funding from $250 million to $100 million in its FY 1988 budget proposal. Mr. Rangel noted, "The drugs are flowing faster than the funding. We can't just look at the exigencies of the budget crisis and use that as an excuse for not funding drug programs."

Chairman Rangel pointed out that $350 million was originally included in the drug bill for drug abuse education, but that this amount was later scaled back to $200 million in negotiation with the Senate. Mr. Rangel further noted that the Department of Education had been steadfast in its opposition to a Federally sponsored drug abuse education program in America's schools.

Congressman Gilman was concerned about the actions being taken by the Department of Education to implement the drug bill. In his prepared remarks Congressman Gilman stated, "I am dismayed and angered by the administration's proposed budget cuts, especially in the education area. For fiscal year 1988, the administration proposes to slash the Department of Education's budget from $250 million to $100 million for drug abuse programs. I fail to understand what benefits can be derived from cutting a program before it even starts."

Mr. Gordon Ambach, the Commissioner of Education, State of New York, called the Anti-Drug Abuse Act of 1986 an excellent bill. He said, however, that close oversight of the programs established in the bill is needed. He particularly noted that oversight of the Department of Education's programs by the Congress was important because Secretary Bennett had chosen to implement the drug abuse education program through guidelines only and not by formal regulations.

Concerning funding, Ambach stated that under the drug bill most school districts in New York will only receive $2,000–$3,000. He suggested that neighboring school districts join together in consortia to maximize the impact of the Federal dollars they receive. He said States need the authority to make consortia arrangements with intermediate agencies to have effective drug abuse programs in smaller school districts.

Commissioner Ambach was critical of the Department of Education for splitting the money designated for drug abuse programs for college students in two different parts of the Department, the Office of Educational Research and Improvement and the Office of Postsecondary Education. He said it would be more effective for the States to work with one and not two units of government.

Mr. Ambach urged that the distribution of this money to the States be made as soon as possible. The money is supposed to be sent to the States in August 1987. Addressing the proposed budget cuts in FY 1988, Ambach said it was hard to recruit quality people for drug abuse education programs when the program might be

only funded for one year. He urged a longer and consistent funding cycle to insure stability in the program.

Mr. Duffy was formerly the Director of Substance Abuse Treatment Services for the State of Illinois, and he is now Deputy Chief of Staff to Governor James Thompson. He agreed with Commissioner Ambach that more than a one-year program was needed. He said: "Prevention is not a short-term effort. If we are not prepared to make the commitment, then what we are doing will have no effect. The administration cuts place us in the position of saying that these are one-time expenditures, which will not have a long-term effect. In Illinois, we have made a commitment to fund a portion of the drug abuse education effort."

Mr. Holmes Braddock, a member of the Dade County School Board, said that while drugs are a society-wide problem, they are a particular concern in South Florida, the entry point for much of the drugs into the United States. One out of six Florida youths report having used cocaine and 20 percent of high school seniors report using marijuana. Sixty-four percent of all youth arrests are due to the use or abuse of drugs or alcohol. Drug and alcohol abuse costs Florida $7.4 billion or $700 for every man, woman, and child in the State.

Agreeing with Mr. Ambach and Mr. Duffy, he stressed that you cannot get quality, long-term commitments from people with only a 1-year program, Holmes stated: "We need money on a long-term basis to stop drug abuse. Funding levels for drug abuse programs must be maintained. Every other problem pales in comparison to the problem of drug abuse."

In reply to the witnesses Congressman Gilman said: "We are trying to supplement what the States are doing. We never intended to fund the entire effort through Federal assistance. We recognize it is not enough money, it is just meant to stimulate the States to establish drug education programs. School systems have let us down throughout the nation. They are not providing the programs which are needed. We will try to restore funding which the Office of Management and Budget is trying to cut out."

Mr. Walters, Special Assistant to the Secretary of Education, said, for fiscal year 1988, we have asked the Congress for $100 million for Drug-Free Schools—the same amount the Department requested last year. Walters indicated there are several reasons why we requested $100 million for this program in FY 1988. It is partly a question of available resources, and partly a question of responsible use of resources. The Department anticipates that much of the $200 million appropriated in FY 1987 will be used during school year 1987–88 for start-up costs, including non-recurring activities such as the purchase of equipment and instructional materials. The Secretary has made the early release of these funds a top priority within the Department. However, since this is a new program and States and localities will require a certain amount of lead time to implement their activities, the Department of Education anticipates that they will actually carry over a considerable portion of the $200 million to the 1988–89 school year. Therefore, according to Walters the 1988 request of $100 million will be sufficient to continue these programs in school year 1988–89.

Regarding implementation of the higher education portion of the drug bill, Mr. Walters said the fact that responsibility for the program is divided between two divisions will not hamper its implementation because the personnel within the two offices of the Department responsible for this program meet regularly. He further noted funding for the teacher training portion of the higher education program will be awarded in August 1987.

Congressman Clay Shaw stated, we funded the drug education program because we recognized the need for it, and because States had not adequately funded these programs in the past. He added, local education officials have to be prepared to continue the best of their programs without Federal assistance.

Mr. Braddock said that we don't have the money needed to fight the problem of drug abuse, and the problem of drug abuse will not go away in three years. Children need constant reinforcement not to use drugs.

Chairman Rangel asked Mr. Walters to explain how President Reagan reached the conclusion we don't need $150 million for drug abuse education programs. This is the difference between what the States would have received under the Anti-Drug Abuse Act of 1986 and what they will receive under the President's proposed FY 1988 budget. Mr. Walters said we must tell children that drug use is harmful and wrong. He agreed that there should be adequate Federal support, but that the Administration decided to spend $100 million on drug abuse education. Congressman Gilman asked, how did you arrive at the $100 million figure. Mr. Walters replied, it was a guess. The cut was proposed because a large portion of the money won't be available until late 1987, and will be spent in the 1987–1988 school year. Mr. Walters further attempted to justify the cut by noting that a large number of trained drug abuse professionals do not exist to teach drug abuse education courses.

Chairman Rangel said that the Administration originally, in a meeting with the House leadership in September, agreed to spend $100 million on drug abuse education. He added that we see nothing coming out of the Department of Education except a philosophy that drug abuse education is a state and local problem. "We in the Congress want a national drug abuse education program which can be implemented at the local level," he stated.

Mr. Walters said that the Department of Education would submit to the Congress a series of technical amendments to the drug bill, and use discretionary funds to provide additional training and materials. Mr. Rangel concluded by pointing out that an evaluation should be done of the Department of Education's drug abuse education programs in order to judge their effectiveness.

State and Local Enforcement Assistance (March 4, 1987)

Witnesses:

William J. Landers, Deputy Associate Attorney General, U.S. Department of Justice.

Mayor's Panel:

Hon. Joseph P. Riley, Jr., Mayor of Charleston, South Carolina, and President, U.S. Conference of Mayors.

Hon. Edward I. Koch, Mayor of New York City.

Criminal Justice Panel:

Mr. Timothy Schoewe, Criminal Justice Planner for Milwaukee, Wisconsin, and Chairman of the National Assn. of Criminal Justice Planners.

Ms. Rose Matsui-Ochi, Criminal Justice Coordinator for the City of Los Angeles.

Chairman Charles B. Rangel in welcoming the witnesses before the Select Committee said, perhaps, today we will come closer to receiving an explanation of the Administration's proposed cuts of $225 million in drug law enforcement grants to State and local agencies. The Ranking Minority Member of the Committee, Congressman Benjamin A. Gilman, stated, "I find the Administration's FY 1988 drug budget proposals unfair on several counts. First, the programs have not been given the opportunity to establish a track record of their own under the new funding mechanism, and second, State and local governments are put in the untenable position of having to establish contingency plans spanning the funding spectrum."

Deputy Associate Attorney General William M. Landers described the program of Federal assistance to State and local governments for narcotics law enforcement for Committee members. He said, the fiscal year 1987 appropriation for the program is $225 million, with the bulk of the funds—$178 million—allocated for formula grants to the States. Each State is eligible to receive $500,000 with the balance of funds allocated according to the State's relative population. States are required to match Federal funds by 25 percent and must pass through to local units of government a share of the total state allocation that is equal to the ratio of local criminal justice expenditures to total criminal justice expenditures in the State.

Mr. Landers testified that the Bureau of Justice Assistance has done an admirable job of implementing the new State and local narcotics control assistance program. The Department of Justice is confident that this Federal seed money will help State and local governments to coordinate and improve their drug enforcement efforts.

Mr. Landers gave three reasons why the Reagan Administration requested no funds for State and local narcotics control assistance in FY 1988: States can use Bureau of Justice Assistance funds for one-time capital expenditures. The monies appropriated can be used over a three-year period. Some of the grants can be used by the States for start-up costs of multi-year programs. "We believe that scarce Federal dollars should be used for uniquely Federal functions," he said.

Another major point that Mr. Landers made during his testimony was that part of the shortfall in Federal dollars could be made up through sharing of assets under the asset forfeiture program. Sharing for this fiscal year is estimated at $28 million with an FY 1988 projection to top $30 million.

Mayor Riley of Charleston, South Carolina, told Committee members that the Conference of Mayors is fighting drug abuse on all fronts. On November 18, 1986, mayors in 500 cities across America

declared D-Day on Drugs. Also, in the fall of 1986, the Mayor's Clearinghouse on Drugs was established. In March and April 1987 regional workshops on drug control for Mayors and Police Chiefs will be held.

Mayor Riley said that with the signing of the Anti-Drug Abuse Act of 1986 the Federal Government entered into a partnership with States and localities to combat drug abuse, but this partnership was betrayed when President Reagan submitted his FY 1988 budget. He said that funding for narcotics law enforcement assistance should be increased to $625 million per year. This is the amount originally contained in Chairman Rangel's bill, H.R. 526, State and Local Narcotics Control Assistance Act of 1985. He also said that cities are likely to have little say about how the funds will be spent because of control of distribution of the funds on the state level.

Mayor Edward Koch called it unconscionable that the President would cut drug abuse funding after declaring narcotics trafficking a national security threat, making a televised speech with Mrs. Reagan on the evils of drug abuse, and signing the Anti-Drug Abuse Act on October 27, 1986, if he knew then what he would do now.

In New York City the police department has made more than 100,000 drug arrests over the past two years. State and local governments have been placed in a no-win position. On the one hand, the inaction of the Federal Government leaves the States and localities to cope with the tons of narcotics which easily make their way to our cities and towns from cartels, such as the famed Pizza Connection case in his city. On the other hand, that same Federal Government refuses to equip the States and localities to begin to adequately combat the drug abuse.

Mayor Koch stated, denial of money for these vital needs is grossly unfair to the undermanned and overburdened State and local governments, which must do the majority of drug enforcement in this country, and are terribly underfinanced for this massive task. Moreover, it is contrary to the will of Congress. There can be no reasonable doubt that the funds for State and local assistance should be increased and not decreased.

Mr. Schoewe representing the National Association of Criminal Justice Planners, testified by failing to give large, local governments any legal standing, the legislation as written leaves these jurisdictions that are most afflicted by the drug abuse problem with a limited say in how these monies are to be spent within their own boundaries much less say in how to deal with the problem Statewide. He testified that as currently constructed, the Anti-Drug Abuse Act does not guarantee effective participation of large jurisdictions in the block grant program.

The large urban and suburban jurisdictions in this country are the areas that tend to be most heavily afflicted with the problems of drug trafficking and drug abuse. For example, Los Angeles County contains 32% of the persons in the State of California, but it generates 46% of all the felony drug-related arrests in California. The city of Milwaukee comprises 13% of the population of Wisconsin, but it generates nearly 40% of the drug-related arrests in the State.

Mr. Schoewe stated, what galls many of us at the local level is when the State retains such administrative monies and then requires localities to provide it with the information sought by the Federal agency administering the grant program. Localities are forced to comply because failure to do so means exclusion from consideration for grant awards. Consequently, while the State receives the administrative monies it does little of the work required to meet the Federal administrative requirements.

Mr. Schoewe said it was the position of the National Association of Criminal Justice Planners that no administrative monies should be made available in Federal block grants. His rationale was that the absence of administrative monies assures a streamlined bureaucracy and reserves all of the Federal monies for funding programs to address the needs identified by Congress. He recommended that the Anti-Drug Abuse Act of 1986 be amended to provide large jurisdictions with a fixed share of the block grant monies. The NACJP advocates a threshold population of 250,000 as qualifying as a large jurisdiction. He said the NACJP is primarily concerned with obtaining an amendment to the legislation that would provide for the formula distribution of Federal assistance monies to large jurisdictions within a State. Finally, he testified that there is a need to make explicit a broader range of objectives that can be sought within the major purposes of the Act.

Rose Matsui-Ochi, Director, City of Los Angeles Criminal Justice Planning Office, testified that although only five months have elapsed since the passage of the Anti-Drug Abuse Act of 1986, it has become patently clear that the implementation of the Anti-Drug enforcement grants program will short change Los Angeles. The Administration asks cities to take more and more responsibility for the war on drugs—Congress enacts laws to provide assistance to local law enforcement—and the bureaucracies undercut their ability to secure any funds to bolster their beleaguered efforts.

Ms. Ochi recommended that the Statewide narcotics law enforcement plan should include a major offender category, make enforcement a priority, not mandate local policy planning, target resources to areas with the greatest need, and provide a formula mini-block grant or entitlement to Los Angeles. She also recommended that city prosecutors should receive some of the narcotics law enforcement money to help handle the large number of drug offenders they must prosecute.

Drug Abuse Treatment and Prevention (March 11, 1987)

On March 11, 1987, the Select Committee held the third of its oversight hearings on the implementation of P.L. 99–570, the Anti-Drug Abuse Act of 1986. This hearing focused on the implementation of the treatment and prevention provisions of the Act.

Witnesses:

Dr. Wayne Lindstrom, Co-Chairperson, Committee on Public Policy, National Association of State Alcohol and Drug Abuse Directors, and Chief, Bureau of Alcohol Abuse and Alcoholism Recovery, Ohio Department of Health.

Mr. Karst J. Besteman, Executive Director, Alcohol and Drug Problems Association of North America.

Dr. Donald Ian Macdonald, Administrator, Alcohol, Drug Abuse and Mental Health Administration, Public Health Service, Department of Health and Human Services, accompanied by, Mr. Robert Trachtenberg, Deputy Administrator, Alcohol, Drug Abuse and Mental Health Administration, and Dr. Charles Schuster, Director, National Institute on Drug Abuse.

In his opening remarks Chairman Charles B. Rangel said, "We will attempt not only to review how the Act is taking place, but more importantly, to get the Administration's view as to what is going on. Have the monies that have been made available been used, what are the ideas that the Administration has now, and whether or not the signing into law of this Act makes any difference at all in the attitudes about whether or not this is a local or a Federal problem."

In his opening remarks Congress Benjamin A. Gilman, the Ranking Minority Member of the Select Committee, stated that: "In hearing after hearing, the Select Committee has learned of lengthy waiting lists for treatment and prevention across the country. It is a sorry state of affairs when one finds that an individual, honest and committed enough to enter a program of rehabilitative therapy, only to find scores of others standing in line ahead of that individual.

"Clearly, the lack of Fiscal Year 1988 funds as proposed by the Administration cannot be left to stand. We negate our own efforts to help combat drug abuse if we insist that funding for one year be made to last for two, and, more importantly, such a perspective negates what we know to be the reality of the drug abuse crisis in this country."

Congressman James H. Scheuer said drug eradication abroad and drug interdiction were not going to solve the drug problem and that, "It is in the area of treatment and education and prevention that the hope for the future lies." Congressman Stewart B. McKinney said that "Drug addiction is a Federal problem."

Congressman Walter Fauntroy stated that "Instead of *increasing* what was already an inadequate funding for treatment, in particular, we find a complete disregard for the whole crisis and the most cynical tokenism."

Congressman Joseph DioGuardi stated: "The area of drug treatment and rehabilitation is one of that has been of great importance to me for some time. It was through my work as a Board Member of the Phoenix House that my eyes were opened to the terrible personal tragedies that are caused by drug abuse. I cannot stress enough the absolutely critical need to get each and every dollar slated by Congress for drug programs to the areas of our country that are in great need.

"New York State is one of those states with desperate need at this time. Treatment centers are full to overflowing and waiting lists are months and, in instance, years long."

Mr. Karst J. Besteman, Executive Director, Alcohol and Drug Problems Association, discussed the method of distributing drug abuse treatment funds to the States. Specifically, addressing the needs-based formula contained in the Anti-Drug Abuse Act, he

stated: "There are many problems with a 'need' formula. First, there is no common data bases in the 50 States. Second, each State approaches the need seeking a financial advantage. Third, the proposed solution seeks to achieve harmony and not equity.

"Had the Congress and Administration executed the initiative of 1986 on a population base only, all treatment funds could be committed to the community-based agencies today. Instead, there are major delays in committing funds due to well intentioned efforts to gain small fiscal advantages in the name of need."

In his testimony Mr. Besteman also mentioned the need to improve the drug abuse data base and to adequately fund the Office of Substance Abuse Prevention.

Dr. Wayne Lindstrom told Select Committee Members: "Perhaps the most critical implementation problem facing the NASADAD membership is the fact that the Administration is deliberately misrepresenting Congressional intent and informing States that they must spend their FY 1987 emergency treatment monies (which were to be allocated by February 27, 1987) over a two-year period. Many States who had planned to immediately spend these much-needed monies are greatly confused and the ability to significantly expand their treatment capacity is being severely diminished. If the States are required to spend the new emergency treatment monies over a two-year period, the impact of the FY 1987 appropriation for this grant program—$163 million—will be reduced by 50 percent.

"The ability of States to expand treatment capacity to meet demand for services is also severely diminished by the fact that the Administration has not recommended any new monies for these treatment grants for FY 1988. It is readily apparent that there is no long-term commitment from the Administration to provide assistance to overburdened publicly-funded treatment programs and that the previous commitment lasted only three months. States are finding it difficult to secure widespread approval for the opening of new treatment programs or expansion of existing programs if there is only a short-term commitment by the Federal Government to these programs. States realize that if the Federal funds are withdrawn, they will have to once again make up for the Federal abandonment of the individuals in need of treatment services."

Dr. Lindstrom stated that the National Association of State Alcohol and Drug Abuse Directors favored a 3-year renewal of the ADMS Block Grant, the emergency, supplemental treatment grants, and of Federal alcohol and drug research programs. He urged that the FY 1988 budget of the Office for Substance Abuse Prevention be increased from $41.5 million to $65 million. He also stated that: "We encourage the U.S. Congress to mandate that the State alcohol and drug agency be provided the opportunity to review and comment on the grant proposals or to at least be notified of the award of these grants. Resources to prevent and treat these tragic, costly illnesses are extremely limited and we must assure that a comprehensive approach is undertaken not only at the Federal, but also at the State level.

In his prepared testimony, Dr. Donald Ian Macdonald, Administrator, Alcohol, Drug Abuse, and Mental Health Administration, described Administration initiatives implementing the Anti-Drug

Abuse Act of 1986, highlighting activities of the National Institute on Drug Abuse. He stated, "* * * the Congress in its Continuing Resolution for Fiscal Year 1987 provided an appropriation of $262 million for Drug Abuse Initiatives with two-year obligational authority through September 30, 1988. In allowing the payout of funds over 2 years, we believe the Congress sought to assure the funds would be spent efficiently and allow for start-up in the competitive grant and contract areas."

Among the new initiatives mentioned by Dr. Macdonald were the establishment of the Office of Substance Abuse Prevention within the Alcohol, Drug Abuse, and Mental Health Administration, and the creation of the Office of Workplace Initiatives within NIDA. Dr. Macdonald stated: "The National Institute on Drug Abuse received $27 million from the drug abuse initiative. These monies will fund 40 new research project grants and 3 new research centers, as well as new starts in cooperative agreements, small grants and contracts, and enhancements of existing intramural research efforts.

"The NIDA effort is focused on a study of practical areas such as the efficacy of current drug treatment programs. Little is presently known on the long-term effectiveness of treatment programs for abuse of cocaine (or crack), PCP, or designer drugs."

Dr. Macdonald was accompanied by Mr. Robert Trachtenberg, Deputy Administrator, ADAMHA, and Dr. Charles Schuster, Director, NIDA. Mr. Trachtenberg stressed the need for more high-quality drug abuse researchers, even attracting them from related fields if necessary, and the need for stable, predictable increases in funding for drug abuse research from year-to-year. Dr. Schuster elaborated upon the recent research advances mentioned by Dr. Macdonald in his prepared testimony.

Federal Enforcement and Interdiction (March 18, 1987)

On March 18, 1987, The Select Committee on Narcotics Abuse and Control held the fourth in its series of hearings on the Anti-Drug Abuse Act of 1986. The hearing was designed to examine implementation of provisions in the Act designed to enhance resources and toughen laws to assist our drug interdiction and law enforcement efforts.

Witnesses:

William von Raab, Commissioner U.S. Customs Service.

Admiral Paul Yost, Commandant, U.S. Coast Guard.

Major General Stephen G. Olmstead, Department of Defense Task Force on Drugs.

Stephen S. Trott, Associate Attorney General, and Chairman, Enforcement Coordinating Group, National Drug Policy Board.

John C. Lawn, Administrator, Drug Enforcement Administration.

John F. Shaw, Assistant Commissioner for Investigations, Immigration and Naturalization Service.

Title I of the Anti-Drug Abuse Act of 1986, Anti-Drug Enforcement, focuses on Federal domestic drug enforcement, with the Department of Justice, the Drug Enforcement Administation, and the

Immigration and Naturalization Service being primarily affected. Congress appropriated $296 million for drug enforcement activities.

Title III of the Act is referred to as the "National Drug Interdiction Improvement Act of 1986." the agencies affected include the Department of Defense, the US Coast Guard, and the US Customs Service. Congress appropriated $575 million for interdiction enhancement activities. Customs received the additional funding for personnel, air interdiction activities and Command Control and Intelligence Centers (C3-Is). The Coast Guard received funds for operating expenses, personnel to be assigned to naval vessels for interdiction efforts, and for acquisition and improvement of facilities. Funds were appropriated to the Defense Department for 4 E-2C radar equipped aircraft, and to refurbish 4 existing E-2Cs, to be transferred to the Coast Guard (2) and Customs (2). They also received funds for radar aerostats and Blackhawk helicopters to be transferred to Customs and to install 360 degree radar on Coast Guard aircraft.

In his opening statement, Chairman Rangel referred to his recent visit to Colombia for a meeting of the Andean Parliament, accompanied by Mr. Gilman, and the fact that very little is happening to reduce drug production in that area of the world. This being the case, and despite efforts to provide for demand reduction initiatives in the Anti-Drug Abuse Act, there is no evidence to suggest that we will see a reduction of either the supply of or demand for illicit drugs at any time in the near future. As a result, we will be forced to rely on increased interdiction in the short term, and we are here to see what progress we are making.

Ranking Minority Member Benjamin A. Gilman referred to our efforts to address both supply and demand problems, and the fact that demand reduction has been neglected for too long. He went on to point out that producing nations are now facing demand problems within their own borders. The fact of the matter is, however, that no matter how much funding we provide, unless there is a concerted program, a national and an international strategy, we're not going to go very far.

Mr. Gilman concluded his comments by commenting on the recent Andean Parliament visit to Colombia and the very bleak picture in that part of the world. He made reference to the courageous members of the Colombian press who have started a nationwide campaign against the traffickers.

In his testimony, Customs Commissioner von Raab referred to the seizure of 52,521 pounds of cocaine, 692 pounds of heroin, 2,211,068 pounds of marijuana and 17,555 pounds of hashish in fiscal year 1986. Despite these successes, Customs is now busy hiring, procuring and deploying the people and assets taken to date include the following:

—Hiring of 996 new personnel;
—Purchase of marine radar equipment and voice privacy radios;
—Refitting of Customs P-3A with 360 degree look-down radar;
—Design and Construction of the Command, Control, Communications and Intelligence Center;
—Enhancement of the Bahamas Task Force;
—Deployment and operation of 4 additional Blackhawk helicopters;

—Modification of C–12 aircraft for marine tracking purposes; and
—Deployment and operation of E2–C detection aircraft.

As to the serious threat faced along our Southwest border the Commissioner said that the bulk of personnel and assets provided by the Anti-Drug law have been allocated to that section of the country as part of Operation Alliance, which began in June, 1986. It focuses on the narcotics smuggling along the southwest border, with cooperation between Customs, State, local and sister Federal agencies as the key ingredient in the effort.

Major points raised regarding Operation Alliance are:

—Operational leadership is on a rotational basis between Customs and the Border Patrol;
—With increased personnel, cocaine seizures were up over 250 percent by the end of FY 86; and
—Customs has loaned 375 radios to local and State law enforcement agencies so they can communicate with Customs as law enforcement actions take place.

Air interdiction remains one of the Service's most important operations. Resources have grown considerably since 1984; increasing from $31 million to $170.9 million in FY 1987. Customs has been able to add personnel and extend hours of operation. Under the air interdiction provisions of the Anti-Drug Abuse Act:

—Two E–2C aircraft have been obtained from the Navy and are currently operating out of San Diego;
—Three of the four Blackhawk helicopters have been delivered with the fourth to come in mid-April;
—Site selections have been made for the five aerostats provided for the drug bill, with the first to be totally operational in December, 1987;
—Specifications for sensor equipment to be installed on C–12 aircraft are being developed; and
—Coordination is proceeding with the Department of Defense to acquire the NA/APS–138 radar system for the P–3 aircraft.

In the area of marine interdiction, 30 interceptor vessels, 10 support vessels and 3 radar platforms have been acquired since January 1986, and The Bahamas Task Force, consisting of helicopters, radar platforms and interceptor vessels to be manned by U.S. and Bahamian officers have been initiated. In addition, marine operations command centers, are similar to the Blue Lightning Operational Command Center in Miami, are being established in Houston, Texas, and Gulfport, Mississippi.

Finally, the majority of the design and development work is near completion on the Command, Control, Communications and Intelligence Centers (C3Is).

Under questioning, the following key points were made:

1. With a vastly increased budget since 1981, (from $400 million to over $1 billion today), Customs has many more personnel, better boats and planes and in general, is better equipped to accomplish their goals.

2. While seizures are going up, so is production and we are still several years away from reaching the point where the seizure line will cross the line of production.

3. The decrease of the amount of drugs on the street will come slowly over the next few years.

4. A recent Office of Technology Assessment Report on drug interdiction claiming a great amount of overlapping in the interdiction effort was said to be dated and inaccurate.

5. As little as 5 to 7 percent of the heroin targeted for the United States is interdicted.

6. The Coast Guard and Customs Service have different areas of expertise in terms of their mutual interdiction mission, and they have a joint understanding of those missions and coordinate their activities. It is, therefore, not surprising that they have similar equipment.

7. There have been reports of radio communications problems between Coast Guard and Customs.

8. The Customs Service is now completely netted across the entire Southern border, with thousands of voice private radios, over 600 of which have been given to the sheriffs and police departments of all the counties and jurisdictions running from Fort Pierce across to San Diego.

9. The new C3Is will not duplicate the work already being done at the Blue Lightning Center and the Holmstead Center. Blue Lightning will be incorporated and Holmstead upgraded.

10. A potential problem of radio communications between Customs and Coast Guard in south Florida will be investigated.

11. Customs is getting no cooperation from Mexico on border interdiction efforts at the present time.

While Admiral Yost offered a few comments in the questioning period with Commissioner von Raab, a prior commitment required him to simply submit his prepared statement.

In his testimony, Admiral Yost stated that the Anti-Drug Abuse Act has improved their interdiction operations in a number of key areas. The easing of Mansfield amendment restrictions has allowed the Coast Guard to respond to maritime enforcement requests from the Bahamas, Panama and the Dominican Republic to engage in cooperative efforts within their territorial waters. In addition, the Act corrected problems regarding stateless and foreign vessels by allowing the State Department to certify existence of a suspected vessel's claim on foreign registry. If not certified by State, it may now be assimilated as stateless and subject to U.S. law.

While the Act provided an additional 500 billets for Coast Guard personnel on Navy ships, experience with the availability of suitable Navy ships indicates that 300 people is adequate. Recruitment and training are underway, and positions should be filled by July.

The area of air interdiction is one of the Coast Guard's highest priorities, and a concept of operations to efficiently provide the Coast Guard assistance to other federal air interdiction efforts has been devised.

Additional funds provided by the Anti-Drug Abuse Act are being fully utilized in the areas of secure communication, the operation of two E-2Cs and operation of HV-25A medium range surveillance fan jet aircraft. In addition, $38 million of the $89 million AC&I funding to procure two C-130 aircraft have been expended.

Operations are proceeding on the construction of a drug interdiction docking facility in the Bahamas and to establish a maintenance and boat lift facility usable by Coast Guard and Bahamian vessels. Interdiction efforts in the Bahamas includes continuing

support for Operation Bahamas, Turks and Caicos (OPBAT), and 24-hour Coast Guard support will be provided by October, 1987.

In his prepared testimony, Major General Stephen G. Olmstead, USMC Director, DOD Task Force on Drug Enforcement, concentrated on his dual role as Deputy Assistant Secretary for Drug Enforcement Policy and Director of the DOD Task Force on Drug Enforcement, making him responsible for overall activity coordination of DOD's role in civilian drug law enforcement activities.

He made the following key points:

The proper role for the military in the drug war is to provide support to civilian law enforcement agencies while not compromising the traditional separation of military and civilian activities.

Assistance provided so far is primarily in three areas: airborne surveillance, equipment loans and general support, with airborne surveillance providing the largest area of support.

In FY 1986, over 3,149 sorties were flown amassing 15,727 flight hours, an increase of 52% over 1985.

Navy E–2s provided 1,638 hours of aerial surveillance for the Customs Service in the Caribbean, along the Mexican border, the Gulf of Mexico, as well as the offshore waters of California and Florida.

The Air Force increased its AWACS support by 83% over FY 1985.

The Air Force operates two aerostat radars located in Florida providing look-down capability against low-flying aircraft. Both are digitally linked to the Customs Service Miami facility and the Tyndall Sector Operations Control Center (SOCC), and were operational over 8,400 hours in 1986.

Equipment loans are a key ingredient in DOD support. Through FY 1986, over $138.65 million of equipment was loaned to civilian law enforcement agencies.

The Navy loaned two E–2Cs (radar equipped aircraft) to Coast Guard and two to Customs in compliance with the Anti-Drug Act.

In Operation Hat Trick II, DOD aided operational planning, developed interagency voice privacy radio networks, and provided expanded intelligence support.

"Operation Blast Furnace" in Bolivia is the prime example of assistance provided to other countries. Our specific support included aircrew and logistics support personnel for U.S. Army Blackhawk helicopters.

DOD is actively supporting expansion of the program to embark TACLETS of Coast Guard personnel aboard U.S. Navy ships.

As a result of the National Security Decision Directive (NSDD) signed by the President, DOD will work closely with the law enforcement community to increase their support.

Enforcement alone will not win the war on drugs.

In response to questions, General Olmstead stated that the equipment loaned so far has been on DOD expenses. He further stated that the fight against narcotics has intensified so rapidly over the past few years that many agencies do not know exactly what equip-

ment from the military would be most helpful, and it is a primary part of his job to make such suggestions.

In terms of an overall strategy, the National Drug Policy Board has formed a Task Group which is headed by the Department of Defense, which is to come up with recommendations for a long-term strategy.

The second panel of witnesses dealt with the enforcement side of our anti-narcotics efforts. Stephen S. Trott, Associate Attorney General, U.S. Department of Justice, submitted his prepared testimony for the record. It included the following key points:

U.S. Attorneys have over 6,300 cases pending, which have produced indictments or charges by complaints involving over 21,500 defendants.

New resources provided in the Anti-Drug Abuse Act will significantly increase their caseloads.

The Continuing Resolution provided FY 1987 funds of $351 million for the US Attorneys, of which $31 million was authorized by the Anti-Drug Abuse Act. These funds will allow for the filling of positions that were vacant in 1986 due to resource reductions imposed by Gramm-Rudman-Hollings.

U.S. Attorneys received enhancements in 1987 of 90 positions (60 attorney and 30 support staff) along with $6 million. These resources will be used to address increased caseloads resulting from the Southwest border initiative "Operation Alliance." The positions will be filled in the near future.

Mandatory minimum sentence provisions will generate an increase in the number of prosecutions going to trial, as defense attorneys may be less inclined to plead their clients guilty.

Expanded asset forfeiture provisions have expanded the government's authority, and under the direction of the Drug Policy Board Coordinating Group, interagency agreements are being prepared to ensure effective use of forefeited funds.

The 13 Organized Crime Drug Enforcement Task Forces (OCDETFs) have been highly successful over the past four years, producing over 3,300 indictments for drug-related offenses and over 5,300 convictions.

Increased investigations and prosecutions will place increased demands on the Marshal's Service, especially in the area of short-term facilities to house prisoners. Currently, two-thirds of all prisoners are in contract facilities, with a 20% increase over current expenditures expected.

If the U.S. Attorneys, OCDETFs and U.S. Marshals all use their resources effectively, the Federal Bureau of Prisons will also have an expanded role.

The populations of the Bureau's 47 institutions is now 42,000—50% above the total rated capacity of the Federal Prison System; drug violators account for 37% of the population.

Increased funding for Federal prisons is being utilized with a $45 million facility under construction in Jessup, Georgia, which is scheduled for completion in 1989.

With mandatory minimum sentences in effect, the impact will be fully realized in 1990, when drug offenders incarcerated

for crimes classified in the medium severity range would normally be released.

It is projected that by 1993, the total Federal Prison System population will be approximately 93% greater than the system's rated capacity.

Questioning of Mr. Trott centered on his role as Chairman of the Enforcement Coordinating Group of the National Drug Policy Board.

In terms of an overall strategy Mr. Trott presented a booklet titled "National Drug Enforcement Policy Board, National and International Drug Law Enforcement Strategy", dated January, 1987. The strategy is a product of the Drug Policy Board and the Coordinating Group. The booklet contains a fairly comprehensive outline of the approach to be taken, albeit rather a broad brush approach as all strategies are. It is complemented by each one of the participating agencies with their own internal policies.

The Drug Enforcement Policy Board is currently in the midst of a reorganization, having been the National Drug Enforcement Policy Board, but recognizing the interrelationship of both supply and demand reductions, has expanded to incorporate both of these factors. The Board has two coordinating groups; one which Trott chairs on the enforcement side and one which Dr. Ian Macdonald chairs on the demand side. Foreign policy is handled in the Enforcement Coordinating Group by Assistant Secretary of State for International Narcotics Matters, Ann Wrobleski. The Board is a Cabinet level board.

Chairman Rangel raised the point that if production is recognized as such a serious problem, it is important for the Secretary of State to speak out on the issue, and to the best of his knowledge, the Secretary had not done that. Mr. Trott responded by saying that Secretary Shultz had given a stirring speech to our Ambassadors last year when they were recalled for a meeting. He has also been extremely forceful in his dealings with the Government of Mexico regarding their handling of the Camarena case.

In terms of the foreign policy aspects of our drug programs, Chairman Rangel raised the point that he and Ranking Minority Member Gilman had just returned from Colombia, and a meeting with President Barco. Colombia is facing tremendous problems. No drug traffickers will be arrested or prosecuted in any civilian court in Colombia, and their Supreme Court has found unconstitutional the trying of drug traffickers in the military court. All that is left is extradition, and the Supreme Court has just knocked down the extradition treaty. The terrorist groups have a cease-fire with the Government, and as a result, they are in the process of increasing the laboratories for the production of cocaine. The Chairman inquired about our strategy concerning Colombia.

Mr. Trott responded by saying that our approach was multi-faceted, but first on the list was our eradication program. The Chairman responded that because of possible liability problems, a U.S. chemical company will not provide coca herbicide to the Colombians. As a result, not one drop of chemical has fallen on a coca leaf in Colombia.

The Chairman concluded by saying that we need to become more deeply involved both in Colombia and on a regional and interna-

tional level to wage a coordinated fight against the traffickers. We have not really done that to date.

Other points made under questioning were:

While the National Drug Policy Board was established on Feb. 3, 1987, the Executive Order on establishment has not as yet been signed because of the lengthy process involved in drafting and having such an order approved.

The Office of Technology Assessment report on overlapping and fragmentation in our interdiction efforts is outdated, and OTA may not have had access to all that was going on, according to Mr. Trott.

The demand side of the equation must receive greater attention in the United States.

There is no way to predict how much more we will be interdicting with increased personnel and equipment. Our goal is to interdict everything we can.

A Management and Communications plan has been developed with the National Policy Board and will be shared with the Committee.

Any serious consideration of a merger between DEA and the FBI will be fully discussed with the Congress.

Drug diversion continues to be a serious problem and at the urging of the Justice Department $2.7 million was provided for a drug diversion program in the 98th Congress, but the money has never been spent.

In his prepared testimony, DEA Administrator John C. Lawn made the following key points:

DEA has emphasized diversion control and clandestine laboratories programs, particularly focusing on State and local operations, in conjunction with the Bureau of Justice Assistance (BJA) grants programs.

The Controlled Substances Analog Enforcement Act of 1986 does not specifically schedule analogs, but provides an effective weapon against them.

Attorney General Meese was called upon to study the need to control the diversion of precursor and essential chemicals.

The Act authorizes DEA to deputize State and local officers with authority under the Controlled Substances Act, Title 21, to permit joint Federal level investigations with DEA special agents.

The Anti-Drug Abuse Act of 1986 authorized BJA to make grants for special programs.

Subtitle O of the Act created a new offense that makes it unlawful to offer for sale or transport in interstate commerce or to import drug paraphernalia.

Postal Inspection has begun active enforcement of the mail order prohibitions of the Act.

Local Task Force Programs have been established with DEA agents and State and local police officers.

In 1986, 35 Task Forces were operating, the new bill enhanced that number by 5 to 41, adding the number of new positions to 94.

The Act assigned 218 positions and $8 million to DEA domestic field staffs to combat increased cocaine trafficking.

New "crack" teams will be established to respond to the emerging problem.

Congress earmarked $13 million for air operations, including $8.4 million for specific aircraft.

The Act established a United States-Bahamian Drug Interdiction Task Force made up of Customs, Coast Guard, DEA and Bahamian authorities.

In his opening comments, Mr. Lawn went into detail on the coordination role the National Drug Policy Board played in operation Blast Furnace in Bolivia. Through the International Drug Enforcement Conference (IDEC), where DEA meets with the heads of the narcotics bureaus from each of the South American countries, six major countries requested assistance in funding a communications network to assist them in their regional efforts to fight drug trafficking. At DEA's request, INM funded the project in fairly short order. At the same time, the Government of Bolivia was seeking assistance from sister countries in the region for logistical support in the form of helicopters. DEA went to the Drug Enforcement Policy Board and reported that there was a strategy where we could provide logistical support to the Government of Bolivia, and action on the request needed to be taken expeditiously. Within 10 days, the Attorney General had requested the assistance from the Secretary of Defense, and the helicopters were provided.

After the Operation had been completed, an aerial survey determined that some of the refineries that had been destroyed were back in operation. Because the helicopters had been returned to the military, DEA went to General Olmstead and requested that the helicopters be replaced. They were replaced, and Bolivian troops are currently training on the helicopters, as well as using them to return to destroy the rebuilt refineries.

Other countries in South America have made similar requests to DEA and we will be returning to talk with them to develop a strategy.

Under questioning Mr. Lawn made the following points:

As a result of the meeting between the Chairman, the Ranking Minority Member and Colombian President Barco, the Colombian military has been ordered by President Barco to do what they are supposed to be doing and hit refineries in FARC controlled territory.

Information and charges made in the Office of Technology Assessment report are based on dated information.

The Department of Defense is planning an extensive high technology review for drug law enforcement, and they have asked all the law enforcement components to provide technical experts for a conference on the issue which will take place in late spring or early summer. Such a conference is the first of its kind.

A jurisdictional problem developed over a provision of the Anti-Drug Abuse Act between the Customs Service and the Coast Guard over authority to work with the Bahamian Task Force. The bill provided $10 million to Customs, but a question arose over the authority of Customs to work in a foreign country. A subcommittee of the Policy Board met to resolve the situation and decided that the Coast Guard had such jurisdiction.

They are currently making six helicopters available, and will be the ones supporting the Bahamian effort.

While there is never "enough" intelligence, every effort is made to share whatever information we do have. Mr. Lawn will be chairing a drug intelligence subcommittee to look at the intelligence picture from both strategies and tactical standpoints the latter primarily directed at the interdiction effort.

The military is an integral part of our intelligence gathering and sharing capability.

The Act provided for the establishment of an All-Source Intelligence Center (ASIC). It is currently being decided if an expansion of the El Paso Intelligence Center (EPIC) would provide what is needed for such a center, or if a whole new facility is needed. As Chairman of the Intelligence Subcommittee, Mr. Lawn will be looking into that situation. The ASIC will become a reality next year.

Budget constraints were a problem for personnel strength until last year when Congress provided $60 million under the Anti-Drug Abuse Act. The additional funds will mean an immediate enhancement for DEA in South America of 33 special agents and 50 support people. DEA will also look into the need for additional personnel on the European continent.

DEA will be onboard Customs aircraft to assist in drug trafficking investigations in midair.

In terms of an international strategy, we must work much harder in source countries in developing intelligence in order to improve our interdiction and enforcement capabilities.

The prepared testimony of Mr. John F. Shaw, Assistant Commissioner for Investigation, Immigration and Naturalization Service contained the following key points:

Under direction from Commissioner Nelson, INS has initiated the Alien Criminal Apprehension Program (ACAP); an aggressive pilot project with the objective to remove alien criminals from the United States.

The Program is both proactive and reactive; and will target selectively, among other things, narcotics related offenses.

Special operational units will be created, with teams consisting of INS and State and local enforcement officials working areas with high concentration of alien participants or suspects.

The ACAP Program has three main phases:

1. Management and administrative improvements;
2. Limited tactical endeavors with temporary manpower commitments.
3. Multiple and/or simultaneous operations conducted nationally or, at a minimum, at several major metropolitan areas.

The Immigration and Nationality Act was recently strengthened through the Anti-Drug Abuse Act in that INS may now seek the deportation of those narcotics traffickers involved in synthetic and/or designer drugs.

Without a "speedy trial" rule, the INS administrative docket, coupled with past resource limitations in terms of the number of Immigration Judges (IJs) available to conduct hearings, has resulted in overwhelming case backlogs.

With 1.8 million illegal aliens in FY 86, the recently enacted Immigration Reform and Control Act (IRCA) will help INS to address this crisis by providing new resources, as well as Immigration Judges to conduct deportation proceedings in a timely manner.

While statutory grounds for deportation need not be altered, a mechanism to ensure timely resolution of the case, such as a statutory limit on the appeals process, is needed.

Changes need to be made in that section of the United States Code designed to prevent re-entry after deportation.

On December 23, 1986, Deputy Attorney General Arnold Burns agreed to a plan to include INS in the OCDETF.

The Investigative Division has accorded individual aliens and criminal alien organizations one of its highest priorities within its case management system.

INS Border Patrol responsibility has been effectively increased as a result of the passage of the Anti-Drug Abuse Act of 1986, by indirectly placing greater emphasis on the Border Patrol's responsibility for interdiction of drugs between ports of entry along the United States land border, especially along our Southwest border.

As a result of the Act providing for large increases in marine and air interdiction capabilities, for the U.S. Customs Service and the Coast Guard, smugglers will increase their operations through the Border Patrol's area of responsibility.

The Immigration Reform and Control Act of 1986 will increase Border Patrol capabilities to interdict drugs across the U.S. border. The Act provides for a 50% increase in Border Patrol staffing by the end of FY '88, along with increases in night vision detection equipment and the addition of rotary-wing aircraft support.

In his brief opening remarks, Mr. Shaw spoke in terms of the effect of both the Anti-Drug Abuse Act of 1986, and the Immigration Reform and Control Act of 1986, and the fact that the investigations program under the provisions of both acts is doubling its force in size. INS has a supplemental request for 1988, which would allow for an increase in the interior investigations enforcement program by 932 positions, because the program has been on the decline for 10 years.

In 1988, INS expects to turn 35 agents onto the problem of tracking and identifying criminal alien narcotic offenders, and make them eligible for deportation. The Act also requires INS to undertake four pilot projects to enhance the exchange of information and level of communication between State and local criminal justice agencies. The locations of the pilot city projects are New York, Miami, Chicago and Los Angeles.

At the present time, New York City INS has 91 special agents who are at times responsible to answer calls for assistance from 30,000 New York City police officers.

This year, INS has come in as a full partner in the organized Crime Drug Enforcement Task Force, and is currently staffing to accomplish this goal.

In addition to other responsibilities, by reason of its presence along the expansive Southwest Border, INS has taken on the re-

sponsibility as the lead agency in interdiction between ports of entry, and in sending in additional manpower, money and technological support into that area in order to carry out its responsibility in this joint interagency operation. INS officers there have DEA and Customs cross-designated authorities. What is needed at the present time is a clarification of the enforcement authorities of the INS officer, to allow him without confusion to effect arrests for felony violations. A bill is being drafted to accomplish this goal.

Further points raised by Mr. Shaw under questioning were:

INS has been a missing piece in our enforcement puzzle.

INS has enormous expertise to bring to the cause.

A report on "Criminal Aliens," a National Strategy, has been submitted to the Congress; law enforcement officer status for INS officers is being sought.

Training is being funded to cover the stronger application of the INS effort in narcotics enforcement.

FINDINGS AND RECOMMENDATIONS

1. Despite vastly increased resources (from $31 million in 1981 to $170.9 million in 1987) we have yet to reach the point where Customs seizures are making a dent in the amount of drugs being smuggled into the United States. As a result, any decrease in the amount of drugs available on our streets will come slowly over the next few years.

2. While the Coast Guard and Customs Service have different areas of expertise they share very similar equipment.

3. There is a potential communications problem between the Customs Service and Coast Guard in South Florida.

4. The battle against narcotics trafficking has intensified so rapidly over the past few years that many agencies involved do not really know what equipment from the military would be most useful to them.

5. Foreign policy approaches to our anti-narcotics efforts are handled by the Enforcement Coordinating Group of the National Drug Policy Board.

6. For our interdiction and enforcement efforts to be successful, far more attention and financial resources must be applied to demand reduction.

7. The National Drug Policy Board (National Drug Enforcement Policy Board at that time) played a key role in expediting support equipment for Operation Blast Furnace in Bolivia.

8. In terms of an international strategy, we need to work much harder in source countries in developing intelligence in order to improve our interdiction and enforcement capabilities.

9. There is a need for clarification of the enforcement authorities of Immigration and Naturalization Service (INS) officers to allow them to effect arrests for felony violations.

International Narcotics Control (March 25, 1987)

On March 25, 1987, the Select Committee on Narcotics Abuse and Control held its fifth in a series of hearings on implementation of the Anti-Drug Abuse Act of 1986. Originally scheduled to cover the international narcotics control portion of the legislation, the

hearing was expanded to include the fiscal year 1988 narcotics budget recommendations of the Administration when Office of Management and Budget Director James C. Miller III accepted a long-standing Committee request that he testify. Testifying on behalf of the Department of State's Bureau of International Narcotics Matters (INM) was Jerrold Mark Dion, Deputy Assistant Secretary for INM.

In his opening remarks, Mr. Gilman alluded to the fact that the Anti-Drug Abuse Act of 1986 was thought to have signaled that the Federal Government had finally made a long-term commitment to the fight against drug trafficking and drug abuse. What has been shocking over the past few months has been the proposed Fiscal Year 1988 budget which, through the Office of Management and Budget (OMB) reduces or eliminates funding for drug programs ranging from education and rehabilitation to State and local law enforcement assistance. As a result, many of the programs created by the Anti-Drug Abuse Act will not be given the opportunity for implementation.

Mr. Gilman went on to say that "the purpose of our hearing today will be to learn just how these budget decisions were made, who made them and why the drastic cuts were made. In addition, we will want to know if full and open consultation took place among drug agencies or if these decisions were made in a vacuum. Finally, we will want to know if the President, in view of the commitment he made in signing the bill, was involved in this process. Ultimately, we will want to know if OMB believes that the war against drugs has been won, in light of State Department reports that we can expect bumper crops of cocaine, heroin and marijuana in 1987. The State Department will also report to us today on what they are doing to control the international production and trafficking of drugs and why we certified virtually every producing and trafficking nation as 'fully cooperating' with us in their efforts."

In introducing OMB Director Miller, Chairman Rangel thanked him for the way he responded to the Committee, and expressed the wish that others in the Administration had responded in the same fashion. He went on to request that Mr. Miller address certain issues in his testimony. First, what procedures were followed in determining that capital equipment for interdiction was a one-time operation, in view of the fact that Customs Commissioner von Raab has testified before the Select Committee that it will be a number of years before he knows if the equipment he has will be effective. Secondly, we will want to know why the decision was made to make State and local drug law enforcement assistance a one-year program instead of the three year program authorized by Congress. Finally, we need for you to address the decision-making process in drastically reducing drug education funding support, in view of the fact that it is recognized that demand reduction will be a key to success in our efforts to assist source countries in halting production, and in our interdiction efforts.

Representatives Ortiz and Stark each waived their opening statements, but expressed concern over the loss of funds to their districts for these essential programs.

In his testimony, OMB Director Miller followed his prepared statement closely and made the following key points.

81-767 0 - 88 - 3

Recent reports that the Administration has retreated in its all-out war against drugs is far from the truth. The problem is that the President's budget must strike the difficult balance between reducing the deficit, while maintaining essential Federal programs. The drug programs contained in the Fiscal Year 1988 proposal clearly fall into this category.

Virtually the entire Cabinet, in the forum of the National Drug Policy Board, meets monthly to address this single issue.

Since 1981, resources devoted to drug enforcement, prevention and treatment programs have grown by 220 percent in nominal dollars. This growth has been concentrated in the high priority areas of investigations (up 185 percent), prosecution (up 77 percent), interdictions (up 247 percent), corrections (up 263 percent), drug abuse prevention (up 277 percent) and drug abuse treatment (up 92 percent).

Under the President's budget, it will spend even more in FY 1988.

The FY 1988 budget requests a net increase of $72 million for drug law enforcement program outlays over outlays for FY 1987. This will provide for:

More than 400 new workers for DEA's programs in investigations, intelligence, foreign operations, computer support, and technical support;

Nearly 100 additional agent and support positions for the FBI's drug program;

Approximately 500 new Federal litigators and support staff to prosecute drug traffickers;

An increase of $24 million for the U.S. Marshal's drug-related responsibilities of prisoner transportation and court security;

The addition of approximately 800 new bed spaces to the Federal Prison System for drug violators; and

Continued support for over 2,300 Treasury and Justice Department enforcement personnel allocated to the Southwest border as part of Operation Alliance. This special operation, which is a product of the Drug Policy Board, will greatly increase the government's anti-drug presence along the Mexican border.

The misconception that the Administration is retreating from its war against drugs is further highlighted by the fact that during fiscal year 1987, we will purchase five aerostats, deploy four E-2c aircraft, construct three command and control centers and one intelligence center, and add several hundred new law enforcement personnel to our drug enforcement effort.

Activities in the President's budget are not limited to drug enforcement. The budget proposes spending $385 million in FY 1987 and the same amount in FY 1988 to expand State and local treatment capacity, improve and disseminate prevention models, and extend our knowledge of the causes of drug abuse. This represents a greater than 80 percent increase over FY 1986. By utilizing a two-year spending plan, we will continue the momentum developed in FY 1987 by maintaining treatment, research, and prevention program levels at the elevated FY 1987 level.

A full commitment to drug prevention in the nation's schools and communities is also included in the budget proposal. The budget funds the new drug education program for the duration of its three-year authorization—at $200 million FY 1987, and $100 million in each of the two next fiscal years. The $200 million in FY 1987 will finance non-recurring costs such as planning and purchases of materials, as well as basic program operations.

As in many education programs that operate on a forward-funded cycle, considerable time will elapse between when funds are appropriated and when they are used at the local level. Local spending of Federal funds for drug education will be minimal in FY 1987, and will increase to a steady level in FY 1988 and 1989. Thus, the FY 1988 request of $100 million should not lead to cutbacks in local programs.

Much of the reported reductions in funding for FY 1988 are not reductions at all, but can be attributed in large part to FY 1987 spending on capital purchases. These purchases simply don't have to be repeated in 1988.

An example of such capital purchases that don't have to be repeated is the $58 million for five aerostats. These five purchased in FY 1987 combined with the pre-existing aerostat on the southwest border will provide full coverage of our border with Mexico and need not be repeated.

The only real proposed reduction from FY 1987 to 1988 is the State and local law enforcement drug grant program. The Administration has felt and continues to feel that programs that primarily benefit a local community should, in most cases, be paid for by that local community. The grant programs funded in the 1970s by the Law Enforcement Assistance Administration (LEAA) were phased-out for this very reason.

The anti-drug fight cannot necessarily be correlated with spending ever-increasing Federal dollars; but must be a partnership—the Federal government, State and local governments, schools, churches, unions, charitable organizations and families.

On the conclusion of his testimony, Chairman Rangel inquired of Mr. Miller about the thinking of the Administration in regard to the failure to fund the State and local drug law enforcement program. Do you just pick and choose what parts of the law you wish to obey? Mr. Miller responded by saying that the Administration had consistently opposed this section of the bill, and when the President signs a law, he may still have misgivings about certain provisions. When you keep in mind that the President's budget is a proposal to Congress, what we have done is propose a change in that law.

In the area of Federal support for education, the Chairman made pointed reference to the fact that prior to the Drug Bill, only $3 million of an $18 billion education budget was directed at drug education. Mr. Miller responded by saying that the Administration had proposed a $100 million program prior to the Drug Bill, but the Chairman asserted that this was only done when it became clear Congress was going to pass a bill on its own.

Interest shifted back to the overall decision-making process on budget priorities and how budget recommendations were finally arrived at. Mr. Miller indicated that the area of narcotics is unique

in that the National Drug Policy Board makes these decisions. While enforcement efforts must be a partnership, it does not mean that one partner supplies the other partner with ever-increasing funding support.

Mr. Ortiz raised the point that his district in southern Texas was under tremendous strain in coping with the problem of the flow of drugs from Mexico. They need even more assistance because they are fighting an international war for the rest of the country with local funding from the local government, and they cannot continue to do it. They simply do not have the tax base, manpower or technology to do the job.

Mr. Miller responded by suggesting the possibility of altering the funding formula to assure that areas which need more of the funds could get them.

Questioning of Mr. Miller concluded with his assertion that what the Administration was trying to do was to accommodate the extra resources Congress has provided and spend it in the most efficacious way. The Chairman responded by saying that what the Committee was trying to do was to reach an agreement with him on the appropriate amount of monies necessary to conduct the war on drugs.

Deputy Assistant Secretary of State for International Narcotics Matters (INM) Jerrold Mark Dion made the following key points in his testimony, which centered on the International Narcotics Control Strategy Report (INCSR) and the new certification process based on the report, budget proposals for 1987–88 and other international narcotics control matters.

The INCSR, submitted to Congress on March 2, 1987, is the first under new procedures created by PL 99–570, the Anti-Drug Abuse Act of 1986.

On the basis of that report, President Reagan certified that the Bahamas, Belize, Bolivia, Brazil, Burma, Colombia, Ecuador, Hong Kong, India, Jamaica, Malaysia, Mexico, Morocco, Nigeria, Pakistan, Panama, Paraguay, Peru, and Thailand as cooperating with the United States, or having taken adequate steps on their own, in controlling production, trafficking or money laundering. The President also certified Laos and Lebanon on the grounds of vital national interest. The President withheld certification from Afghanistan, Iran and Syria.

It is critical to remember in the process of reviewing certifications that certifications require cooperation, not success, as a test.

Any logical assessment of country performance must take a variety of factors into account; social, political, economic, geographic and climatic, which all affect narcotics production.

While we seek legislative solutions, we must recognize that all legislation is a civilized appeal to reason that falls on deaf ears when the unreasonable people who traffic drugs are involved.

Regarding the emphasis on extradition treaties, while they are important, as demonstrated by the recent extradition of Carlos Lehder, we must recognize that the point is to help countries make their laws work, not impose our laws on them.

In the long run, there is no alternative to an outright ban on cultivation, enforced by eradication, bolstered by sufficient interdic-

tion and enforcement to seize contraband and financial assets, and coupled with the prosecution of major players.

Our program base was significantly expanded by the Anti-Drug Abuse Act—from $60.2 million in 1985 to $118.4 million in 1987. For 1988, the State Department is requesting $98.7 million.

We must maintain and expand our program effort, especially at the multi-lateral level (e.g. The United Nations Fund For Drug Abuse Control, UNFDAC), through increased contributions from other donor nations.

Our experiences show us that the traffickers will plant and replant until they know that eradication is not a one or two year phenomenon, but a permanent part of the enforcement program of every source country.

The additional $53 million appropriated to INM will support a regional air wing which can operate in Mexico, Central and South America, and the Caribbean. Immediate plans for six helicopters, and eight fixed-wing, light utility and aerial survey aircraft.

Additional funds will support a U.S.-owned aircraft component in the Bolivian Control Program.

Mexico improved both opium and marijuana eradication in 1986, but must expand efforts until eradication both overtakes expanding cultivation and re-starts the downward production trend they achieved in the 1970s.

The Bolivian Government wants to extend narcotics control to coca eradication as well as interdiction of drug traffic resulted in the design of a comprehensive three-year narcotics control plan (sic). This plan is based on effective interdiction, the passage of a law outlawing all but "traditional" coca production and a 12-month period of voluntary eradication followed by forced eradication. US officials are negotiating a program agreement with Bolivia to implement this plan.

Colombia deserves considerable praise for withstanding the onslaught of narcotics traffickers.

Colombia must strengthen its prosecutorial system.

Jamaica has approved plans for herbicidal marijuana eradication and the US is providing aircraft maintenance and logistical support for interdiction and eradication.

Increasing demand for opiates in South America and East Asia is a growing concern.

Burma has undertaken one of the longest eradication programs in narcotics history, only to see it fall behind trafficker efforts in 1986 to expand opium cultivation. Aerial eradication has been supported by INM with fixed and rotary-wing aircraft.

Thailand continues its strong and effective eradication program.

Opium production is up in Pakistan. There is a critical need for the civilian government to reinforce its long-standing ban on opium poppy cultivation, which was effectively applied earlier this decade.

The additional funds INM received in 1987 will permit assistance to Egypt, India, Nepal, Jordan, Sri Lanka, Malaysia, Indonesia, Nigeria, Kenya and Mauritania, all of which have experienced recent increases in drug trafficking.

Supports full-fledged aerial campaign against cannabis in Colombia, as well as continuing efforts to experiment with aerial eradication of coca.

Supports the coca eradication program in Bolivia.

Enforcement assistance will continue to play a key role in the Peruvian and Bolivian programs, where there is a need to provide security for narcotics control efforts.

Further funds for aircraft procurement and maintenance will be provided to Burma.

Increased funds to Thailand will improve the reduction in opium poppy cultivation by continuing assistance to farmers who agree to abstain from growing these crops.

Support the extension of Pakistan's ban on opium cultivation by introducing improved agricultural crops and irrigation in the Malakand and Dir areas.

Dion also stated that the withholding of INM eradication funds for Mexico, pursuant to Section 2030 of PL 99–570, is an ill-considered step by Congress, it will have the effect of reducing the level of effort of the opium and marijuana eradication campaigns, which benefit the United States, until the prosecution is complete in the Camarena and Cortez cases. State and Justice share Congress' concern and priority for the success of these prosecutions. But, no purpose is served by linking eradication funds to the judicial process, Dion added.

Dion addressed in Sec. 2003, of the Anti-Drug Law which compels INM and other bureaus to retain title to aircraft. He stated the requirement is too sweeping and interferes with legitimate conduct of our narcotics program. "We need loan or lease arrangements afforded by this statute. Your goal, as we know it, was to compel us to retain title to our regional air wing and also to preclude us from giving title to additional aircraft for Mexico. We have every intention of keeping title to the regional airwing, because we need maximum control over its deployment. We are awaiting the outcome of an independent evaluation of the Mexican narcotics airfleet, which we believe will inevitably lead to downsizing and more efficiency. We are willing to defer further arguments on titling of aircraft for Mexico until we have shared the results with you. But, your concerns in these two areas should not result in a global restriction on your ability to assign aircraft," he stated.

Chairman Rangel opened the questioning by remarking on his recent visit to Colombia with Mr. Gilman, and the desperate shape Colombia is in because of the power and influence of the drug traffickers. As a result, we are expecting more cocaine to be smuggled into the United States this year than ever before. In addition, he expressed concern over the fact that no courts in Colombia are processing any cases dealing with drug traffic, and even the authority for the military courts to handle such cases has been struck down by the Supreme Court. Mr. Rangel then inquired about our strategy to deal with this situation. Mr. Dion agreed that the situation was indeed a bad one, and in particular, the Supreme Court's ruling that the extradition treaty with the United States was unconstitutional, and a team from the Justice Department is working closely with the government to remedy this situation. He went on to say that in terms of policy decision, the Secretary of State, as a statutory member of the National Drug Policy Board, is very involved in discussions and decisions on our international drug policy and strategy. The secretary meets on a regular basis with the As-

sistant Secretary of State for Latin American Affairs, Elliott Abrams, and Assistant Secretary of INM, Ann Wrobleski, to discuss policy development.

In responding to the Chairman's questions on eradication program developments with the Government of Bolivia, Mr. Dion stated that we have signed on overall agreement with Bolivia for an eradication program, but there are two annexes still to be negotiated. The formula is that the Bolivian Government will seek to eradicate at least 18,000 hectares of coca. In the process, funds would be advanced by the United States Government and by international donors, perhaps the United Nations Fund for Drug Abuse Control (UNFDAC), to help tide the planters through a year as they turn to other legal crops. The U.S. contribution will be approximately $100 million, but the United States will make no cash payments to Bolivian farmers. The U.S. Agency for International Development (AID) will provide equipment, seeds, fertilizer, but no cash payments. In terms for a per hectare dollar amount, it will be about $2,000.

Mr. Rangel then inquired about the thinking of the State Department in recommending that Afghanistan, Iran and Syria be decertified, and in fact were they ever certified? Mr. Dion responded that they were not, but they are on the list which State proposed of major producing, trafficking, and money laundering countries. In the case of Iran, it was basically a sanction against them before the public, but with no material effect since there is no assistance relationship between the U.S. and any of these countries.

Ranking minority Member Ben Gilman questioned Mr. Dion on his thinking regarding Senate efforts to decertify the Bahamas, Panama and Mexico. In the case of Mexico, Mr. Dion responded by stating that they have made a major effort in the past year to increase eradication efficiency. There were some 88 aircraft provided mainly by the United States in the aerial eradication of marijuana and opium poppy. In addition, seizures of cocaine have increased, and a Mutual Legal Assistance Treaty has been negotiated with the U.S. and it is currently before the Mexican Senate. He added that there was no truth to allegations that they have cut off or reduced the efficacy of our observation teams. There was a problem in the late fall of 1986 over the aircraft they were using in terms of insufficient spare parts to keep the aircraft flying. These problems have been resolved and the Vanguard Program, which is staffed by DEA, is still underway.

In response to Mr. Gilman's inquiry about the status of the Camarena investigation, Mr. Dion said that this was one of the major disappointments in our relations with Mexico over the past year because there have been no convictions. However, information is that the major suspect in the case was arrested yesterday and is presently under detention. We have commitments from the Mexican Government that those responsible will be brought to Justice; but it has been a slow process.

In terms of drugs smuggled from Mexico, we are barely holding the line because of increased plantings. While the Mexicans are increasing the amounts eradicated, it doesn't attain the level that's being planted and harvested.

Under further questioning from Mr. Gilman, Mr. Dion made the following points:

In terms of opium production in Mexico, we have seen dramatic increases in recent years, but nothing approaching the production of the 1970s.

We anticipate a reduction in opium cultivation this year, through improved efficiency of the eradication fleet, and the use of more efficient aircraft within the fleet.

The justification for certification of the Bahamas notwithstanding widespread official corruption is the fact that they are working with us on the OPBAT Program; we are flying helicopters into their airspace with the participation of their law enforcement officers; they have agreed to locate a tethered aerostat radar balloon; and have completed negotiations just two weeks ago on a mutual legal assistance treaty with the United States.

Great progress has been made on efforts to interdict drug shipments through the Bahamas in the past 18 months.

Panama was recommended for certification again, notwithstanding allegations of drug related official corruption, because of their cooperation on eradication of marijuana and their cooperation on the interdiction of cocaine and cocaine precursors or chemical movement. In addition, they have recently passed a new narcotics law, and we are working with them on a mutual legal assistance treaty.

Because of a liability problem that developed with the American chemical company which marketed herbicide for coca eradication in Colombia, two efforts are underway to develop another herbicide.

The original herbicide could be used as an aerial spray, but it does not have the immediate or effective success that backpack spraying has.

Manual eradication of coca is not taking place at the present time; thus production of coca leaf is rising in Colombia.

Because the Colombian Supreme Court has ruled that the extradition treaty with the United States is unconstitutional, the extradition process, with the exception of the extradiction of Carlos Lehder, has all but come to a halt.

While the Departments of Justice and State are working to remedy the situation, no resolution has been arrived at.

President Barco has ordered Colombian forces to return to FARC territory (guerrilla occupied territory where a cease-fire has reportedly been in effect), to destroy cocaine processing laboratories. Over 590 labs are reported to be located there.

The regional air wing provided for in the Anti-Drug Abuse Act of 1986, designed to operate in Mexico, Central and South America, should be operational by the end of the year. While no line-item funds were requested for maintenance after fiscal year 1987, funds for this purpose will be available from the Latin American Regional Fund. About $7 million from the fund will be available for the purpose.

Despite expansion of the eradiction of opium poppy in Burma, increased production will result in continued problems.

The $98 million requested by INM for fiscal year 1988 is a third more than originally requested for 1987, before the Anti-Drug

Abuse Act increased the total to $118 million. The $98 million request was arrived at before the passage of the Act. However, capital purchases made in fiscal year 1987, will not have to be repeated in fiscal year 1988.

In terms of the certification provisions of the Anti-Drug Abuse Act, we will be in a much better position to use such leverage next year. Since the Act was not passed until October 1986, there was only a few months to work with the law.

Drug Enforcement and Interdiction (April 30, 1987)

On Thursday, April 30, 1987, the Select Committee on Narcotics Abuse and Control held a follow-up hearing on drug interdiction issues.

Witnesses:

Admiral Paul Yost, Commandant, United States Coast Guard.

William von Raab, Commissioner, United States Customs Service.

Stephen S. Trott, Associate Attorney General, and Chairman, Enforcement Coordinating Group National Drug Policy Board.

Admiral Yost indicated that the Coast Guard was still having a problem with its communications equipment in South Florida, specifically with radio compatability so that Coast Guard personnel could converse with other law enforcement agencies. In his prepared statement he said the $11 million authorized by the Anti-Drug Abuse Act for secure communications is being fully utilized. This is divided as follows: $5 million for VHF-FM equipment; $3.5 million for tactical command, control, and communications, $1.5 million for aircraft secure communications, $.5 million for long-range HF communications upgrades.

Concerning the issue of coordination between Coast Guard and Customs interdiction efforts, Admiral Yost said that both he and Commissioner von Raab had been heard in deliberations of the National Drug Policy Board. He indicated in his prepared testimony that the area of air interdiction is one of his highest priorities, and an operational plan to efficiently provide Coast Guard assistance to other Federal air interdiction efforts has been devised in concert with the National Drug Policy Board.

Admiral Yost told Committee members that $8.6 million of the $39 million in Appropriations Supplemental Funding is being used to operate two E-2Cs with operating costs of the airplanes at $7 million and personnel cost at $1.6 million. $38 million of the $89 million acquisition, construction, and improvements funding given to the Coast Guard to procure two C-130 aircraft have been implemented. Delivery is expected in December 1987.

Commissioner von Raab did not deliver a formal statement to the Committee, but rather, submitted his earlier testimony given at the Select Committee's March 18, 1987, hearing. In his testimony Commissioner von Raab stated that P.L. 99-570, the Anti-Drug Abuse Act of 1986, is only the most recent congressional action confirming the status of the U.S. Customs Service as the "lead Federal agency" for drug interdiction at the borders. The omnibus drug bill of 1986 provided Customs with $137 million over and above the

$863.8 million that Congress had provided Customs through the normal appropriations process bringing Customs total FY 1987 budget to slightly over $1 billion. Of this $137 million, $44 million was authorized for the Customs Salaries and Expenses Account, and $93.1 million was authorized for the air program operations and maintenance account. The Commissioner stated that the bulk of personnel and assets provided by the omnibus drug bill have been allocated to the Southwest sector of the country. Resources which the Customs Service received from the passage of the omnibus drug bill include two E–2C aircraft, four additional Blackhawk Helicopters, two additional high speed intercept aircraft, five aerostats and funds to modify the C–12 aircraft with sophisticated sensor equipment and to enhance our P–3 aircraft with 360 degree look down radar.

Mr. Trott did not deliver a prepared statement. He was questioned by the Committee concerning coordination of Federal drug policy efforts. Trott resisted criticism of the National Drug Policy Board as an effective means of drug policy management. He painted the board as an arm of the "cabinet" form of government favored by President Reagan. Chairman Rangel challenged Trott's description of the effectiveness of the Administration's coordination efforts. Rangel pointed to rising drug production in foreign countries, ineffective interdiction efforts at the border, overwhelmed domestic drug law enforcement, and inadequate drug abuse treatment, prevention, and education at home as calling into question the Administration's present strategy. The Chairman called for the appointment of a single, high-level official by the President to coordinate federal drug policy. Mr. Rangel stated that neither Attorney General Meese as chairman of the policy board, nor Mr. Trott, as his deputy for drug policy matters, have the time to devote to crafting an effective strategy and resolve disputes between the agencies involved in drug policy.

Mr. Trott's testimony, once again, revealed the philosophical opposition, of the Reagan Administration to a program of Federal assistance to State and local governments for narcotics law enforcement. He stressed the strides the Administration had made in negotiating extradition and mutual legal assistance treaties with foreign governments, while simultaneously admitting that the narcotics situation was bad in certain countries, especially Colombia. He cited Operation Alliance, which is designed to curtail narcotics trafficking along America's Southwest border, as a success of the National Drug Policy Board.

Drug Abuse Education (June 9, 1987)

On Tuesday, June 9, 1987 the House Select Committee on Narcotics Abuse and Control held a hearing on the Department of Education's role in drug abuse education. Testifying before the Committee was Education Secretary William Bennett.

Congressman Scheuer opened the hearing with the following major points:

> Unfortunately in the past education received the short end of the stick when it came to funding our drug abuse problem.

The only real way of making any kind of dent on this problem is by changing behavior, just as was done by recent Surgeons General with regards to smoking.

The current administration has not shown the leadership needed to combat the nation's drug abuse problem. By proposing to slash the education budget by two-thirds, we can see that there is no real commitment by the administration to seriously attack drug abuse.

Congressman Gilman spoke next concurring with Congressman Scheuer that we must provide preventive education to win the war on drugs. Rep. Gilman noted that "Kicking the kids out" is not the solution. He also praised the Department's book "Schools Without Drugs" but cautioned that we should do more.

Congressman Guarini noted that the most important component of the war against drugs is education. He criticized President Reagan for proposing to cut the education budget from $250 million to $100 million and questioned the President's seriousness about fighting drug abuse.

Representative Coughlin agreed that the demand side of the problem has been given a far too small share of our resources. He maintained that we could never fully destroy the supply if the demand continues to exist.

Secretary of Education William Bennett proceeded to testify. He contended that the Department of Education put out the best publication in the history of the Federal Government. Educators all over the country praised the publication. He went on to say that there isn't any evidence that drug education courses will change the young people's minds. To support this he cited the Department's estimate that some 80 to 85% of American schools that had drug education programs had increasing drug abuse. He also pointed out that many of the drug pushers were "alumni" of drug education courses.

Bennett maintained he is very supportive of those schools which are tough on drug abusers. He regretted the fixation of the Chairman and some of the members on his previous testimony in which he strongly supported the notion of not tolerating drug abusers in schools.

Mr. Scheuer proceeded to point out that out of a $20 billion budget, all the administration wants to put into drug education is one half of 1% or $100 million. He continued saying that unless we do something about drugs we are never going to do much about the 50% of black and hispanic kids who drop out of out schools. He also argued that our economy and competitiveness will be weakened if we don't do something about drug abuse.

Secretary Bennett then criticized this point claiming that leadership is more than spending other people's money. He then continued to praise the Department's publication and cited a large demand for it.

John Walters, special assistant to Secretary Bennett for drug abuse prevention activities explained that the Department is deeply concerned about getting drugs out of the schools. He asserted that the school districts should be required to assess the scope of their local problem and report it to State authorities on a yearly basis. Also, they should be required to show progress in reducing

student drug use and continued funding to local school districts should be tied to the willingness to change inefficient programs. He went on to explain that the present legislation does not allow the Department to hold States and cities responsible for running efficient programs as a condition of renewing their funding.

Representative Scheuer agreed that accountability and assessment should take place all the way up and down the line. The cities, states and federal government should all do it. Secretary Bennett and Mr. Walters both claimed the Department doesn't have the legal authority to require states to be accountable.

Secretary Bennett and Representative Guarini proceeded to discuss the responsibility of the Federal government in the drug area. Bennett's contention was that it is primarily a state and local problem and if the Federal government relieves people at the local and state level of their responsibility, the message will never get to the students. According to the Secretary, if the local leaders fail, the local people must get new leadership. However, there will be a strong incentive to succeed since federal monies are being allotted. Rep. Guarini pointed out that the Federal Government must show leadership in this area and questioned what would be done if the local governments fail and aid is cut off.

Mr. Walters then testified that the Department is doing more then giving money and a book to the schools. Technical assistance, constant communications with the schools and expanded programs have all been provided by the Department to mobilize the people in the war on drugs. In addition proposals have been made for audio-visual materials to be made available, with production to commence next year.

Representative Shaw pointed out that the answer to the problem may lie in discipline within the school itself. His claim was that we have to go right down to the local level and within the family structure itself to settle this problem. He went further to suggest we stop "coddling" those students who are damaging the student body. He then asked the Secretary what would be done by the Department if Congress increased funding.

Secretary Bennett responded by stating that since no particular area is underfunded, the share of the States would increase proportionally. He mentioned that tough laws on drug use would surely get the attention of the young people. He stated that he wrote to the Governors suggesting this same idea.

Representative Gilman asked the Secretary what the Department's policy is for demand reduction. Once again the Secretary explained his belief that education is a State and local responsibility. He did concede that the Federal government can assist, aid, fund and offer advice to the states.

Representative Sensenbrenner and Representative Scheuer suggested that the Department avoid being preachy with the students. Rather they should give relevant information on the dangers of drugs to keep high school and college students attentive. Secretary Bennett was in complete agreement with the Congressmen on this point.

Federal Drug Strategy (December 8, 1987)

On December 8, 1987, in its final hearing of the year, the Select Committee on Narcotics received testimony from representatives of 8 Federal agencies to discuss the efforts of the National Drug Policy Board to implement the Anti-Drug Abuse Act of 1986 and fashion a comprehensive, well-coordinated Federal drug strategy.

Witnesses:

Frank Keating, Assistant Secretary of the Treasury, Enforcement; and Acting Chairman, Drug Law Enforcement Coordinating Group, National Drug Policy Board.

Dr. Donald Ian Macdonald, Administrator, Alcohol, Drug Abuse and Mental Health Administration; and Chairman, Drug Prevention and Health Coordinating Group, National Drug Policy Board.

John C. Lawn, Administrator, Drug Enforcement Administration.

Lt. Gen. Stephen G. Olmstead, Deputy Assistant Secretary for Drug Policy and Enforcement, and Director, DoD Task Force on Drug Enforcement.

Rear Adm. Clyde E. Robbins, Chief, Office of Operations, United States Coast Guard.

Mark Dion, Deputy Assistant Secretary of State, Bureau of International Narcotics Matters.

Michael H. Lane, Deputy Commissioner, United States Customs Service.

William Lennox, Director, Drug Abuse Prevention Oversight Staff, Department of Education.

The tenor of the witnesses' testimony was that notwithstanding increased resources and improved coordination in the "war on drugs" since passage of the Anti-Drug Abuse Act of 1986, the Administration had made only limited progress in reducing the availability and abuse of illegal drugs. The witnesses were grateful to the Congress for the additional resources provided under the Anti-Drug Abuse Act of 1986 to combat drug trafficking and maintained that they had acted expeditiously in getting Federal funds out to the States to fight the war.

Mr. Keating and Dr. Macdonald briefly described for Committee Members the organizational structure of the National Drug Policy Board. The Policy Board is a cabinet-level body headed by Attorney General Meese and Health and Human Services Secretary Bowen and at the working level is divided into drug supply and demand reduction coordinating groups, headed by Keating and Macdonald respectively. Within the coordinating groups are standing committees on drug supply and demand issues. These standing committees are headed by senior administration drug policy officials. In theory, ideas for new strategies and initiatives for drug control will "flow up" from the standing committees to eventual approval by the cabinet-level Policy Board. The Policy Board plans to submit new strategy documents to the President and the cabinet in January.

Mr. Lawn mentioned a recent seizure in Florida of 8,000 pounds of cocaine as an example of the successes resulting from the efforts of the National Drug Policy Board. Mr. Dion described for Committee Members the certification process for granting foreign assist-

ance which is contained in the Anti-Drug Abuse Act of 1986. Michael Lane and Admiral Robbins listed the assets the Customs Service and Coast Guard had received as a result of the passage of the Act. General Olmstead discussed the success the Department of Defense had had in eliminating drug use within the Armed Forces and said DoD is in compliance with the Anti-Drug Abuse Act. Mr. Lennox said that the Department of Education had distributed to the States $197 million out of the $203 million it was charged with distributing. He mentioned some DoE publications designed to deter drug abuse, but said that drug abuse can only be solved at the local level by concerned adults.

Congressman Scheuer declared that the 8,000 pounds of cocaine seized was an example of the sporadic success in the drug war and declared that the drug war is not working. Mr. Keating said that while the Federal agencies involved in the drug war are doing a better job than ever, as long as 26 million Americans want drugs we will continue to have a problem.

Dr. Macdonald said, "I think we are close to turning the corner on drugs." Congressman Guarini challenged this statement in light of data indicating there were increasing hospital admissions for cocaine treatment and that other drug indicators are up as well. Dr. Macdonald responded that treatment admissions may be up because cocaine users who initiated drug use several years ago may only now be coming in for treatment.

Congressman Scheuer was complimentary of the Department of Education's anti-drug publications, but he stressed the need to disseminate these publications to the 40 million parents of elementary and secondary school students. Congressman Coughlin said the Department of Education must find some way to make sure that parents read the anti-drug material which they produce. He was troubled by large scale cocaine use and increasing treatment admissions.

The Washington Post on December 7, 1987, reported that the National Drug Policy Board is considering whether the U.S. Customs Service and the Coast Guard should be allowed to shoot down airplanes suspected of drug smuggling if their pilots ignore orders to land. Congressman Oxley asked about this at the hearing. Mr. Keating indicated that this proposal will not be approved by the National Drug Policy Board.

Currently money to finance the drug war is spent 75% on reducing the supply and 25% on reducing the demand. In response to a question by Congressman Hughes, Mr. Keating said that the best mix of how to spend money on the drug war was under study by the National Drug Policy Board.

The witnesses supported the concept of user responsibility under which drug users could experience some punishment, such as being required to pay a fine, or lose their driver's licenses for their drug use. Dr. Macdonald said that President Reagan had approved the concept of user responsibility. Mr. Keating said that the U.S. Attorney in San Diego had a zero tolerance policy for drugs along the Mexican border. All people who are caught with drugs at the border at San Diego are prosecuted. Mr. Lawn said DEA concentrates on going after the assets of major drug traffickers. He opposed arresting drug users on the streets, but supported applying

some action against them. Congressman Hughes stated that there were insufficient resources to prosecute all drug traffickers much less all drug users. He states that Federal law enforcement has not been a "good partner" to local law enforcement and that a policy of actively arresting drug users would further clog the courts.

Committee Members did not question the dedication of Federal officials to the war on drugs, but said that despite their efforts drugs were more available on American streets, and cheaper in price than ever. Congressman Gilman was particularly interested in learning why the State Department had not implemented section 2024 of the Anti-Drug Abuse Act of 1986 which provides for the establishment of a Mexico-United States Intergovernmental Commission on Narcotics and Psychotropic Drug Abuse and Control. Mr. Dion said that the Department of State believed information of a joint executive/legislative branch commission set a bad precedent. Congressman Gilman urged him to have the State Department review this issue again and implement the law.

Congressman Gilman also questioned Dr. Macdonald about reports that the Office of Substance Abuse Prevention (OSAP) would be dismantled. Dr. Macdonald said that while some functions relating to Acquired Immune Deficiency Syndrome (AIDS) had been transferred to the Centers for Disease Control, OSAP would not be dismantled. He also mentioned that treatment funding had been distributed to the States and all they had to do to obtain their checks was to spend their allotments.

Chairman Rangel inquired of Mr. Dion as to the amount of cocaine, heroin, and marijuana directed at the United States. Mr. Dion responded that 100,000 metric tons of cocaine were shipped from Colombia to the United States, and that 6 to 8 tons of heroin were imported into the United States, and 9,000 to 10,000 metric tons of marijuana were sent to the United States. Between 30 percent and 40 percent of all 3 drugs enter the United States from Mexico. Chairman Rangel remarked that large seizures didn't comfort him when world production of drugs continued to increase.

Dr. Macdonald commented that in each year of the Reagan Administration total Federal drug funding had gone up. Because the FY 1989 budget is still being formulated he refused to comment on the amount of drug funding to be proposed in FY 1989.

Mr. Lane of the Customs Service said that the resources provided in the Anti-Drug Abuse Act will enable Customs to put into place an air and sea interdiction network which will result in less drugs getting through to the United States. Mr. Keating told Chairman Rangel that Attorney General Meese supported a close working relationship between Federal, State, and local narcotics enforcement officials, but he did not indicate that Mr. Meese has changed his position and now will support a concept, favored by Chairman Rangel, of providing Federal financial assistance to State and local governments for narcotics law enforcement. The Anti-Drug Abuse Act provides for $230 million in FY 1987, FY 1988, and FY 1989 to assist State and local narcotics enforcement activities. The Attorney General and the Administration have consistently opposed this program.

Mr. Keating mentioned that State narcotics enforcement officials had to do a better job of controlling marijuana production within

their borders and that cultivation of marijuana on public lands was a problem. Mr. Lawn said DEA had a very active marijuana eradication program, but that the best marijuana in the world is now produced in the United States.

FINDINGS AND RECOMMENDATIONS

1. While the Select Committee on Narcotics applauds the increased cooperation that currently exists among the Federal agencies which are members of the National Drug Policy Board, the Select Committee will not be satisfied with the Board's performance until they can point to concrete reductions in the tonnage of cocaine, heroin, and marijuana coming into the United States.
2. The Members of the Select Committee on Narcotics reaffirm their commitment to providing drug interdiction agencies with the necessary resources to curtail the flow of drugs to the United States.
3. The Members of the Select Committee urge the Bureau of International Narcotics Matters to intensify its efforts to halt drug production in source countries.
4. The State Department should follow the will of the Congress and cooperate in establishing a Mexico-United States Intergovernmental Commission on Narcotics and Psychotropic Drug Abuse and Control.
5. The Department of Justice should fully fund at $230 million each in FY 1988 and FY 1989 the program of State and Local Narcotics Control Assistance provided in the Anti-Drug Abuse Act of 1986.
6. The United States Department of Education is to be commended for its publication of accurate, factual anti-drug abuse material. The Department should, however, intensify its efforts to distribute these publications as widely as possible, particularly to the parents of elementary and secondary school students.
7. Additional funding is needed to build and staff drug abuse treatment facilities to service the needs of drug abusers and reduce waiting lists. This is especially critical in light of the AIDS crisis and the wide availability of cocaine and "crack" throughout the country.

COLOMBIAN DRUG TRAFFICKING AND CONTROL (MAY 6, 1987)

On May 6, 1987, the Select Committee on Narcotics held a hearing on Colombian Drug Trafficking and Control. Ms. Ann B. Wrobleski, Assistant Secretary of State, Bureau of International Narcotics Matters, was the sole witness at the hearing.

Some of the issues discussed at the hearing included intimidation of the Colombian judiciary by drug traffickers; the status of the Colombian-United States extradition treaty; and eradication of coca and marijuana in Colombia. Other topics discussed included the linkage between terrorism and drug trafficking; a proposed summit of the Andean nations; the need for a full-time narcotics policy coordinator, commonly called a "drug czar"; and the relationship between the Contras and drug smuggling.

In FY 1987 INM will spend between $12 million and $14 million on assistance to Colombia. Assistant Secretary Wrobleski began her

testimony by commending Colombian President Barco and his administration for their determination and physical courage to continue Colombia's anti-narcotics campaign. Subsequently on June 15, 1987, the House of Representatives passed H. Con. Res. 74, sponsored by Congressman Benjamin A. Gilman, the Ranking Minority Member of the Select Committee on Narcotics, which expresses the appreciation of the Congress to President Virgilio Barco and the people of Colombia for their efforts to combat drug trafficking and drug abuse. The resolution is currently pending in the Senate Committee on Foreign Relations.

Specifically, the resolution urges the Government of Colombia to continue its efforts to extinguish the illicit production and trafficking in drugs originating in that nation, to make a renewed effort to arrest and prosecute narcotics growers and traffickers, and to continue to extradite to the United States those accused of drug-related crimes. The resolution also reaffirms the intent of the United States Congress to work with the Government of Colombia in combating drug trafficking and drug abuse from both our nations.

Ms. Wrobleski mentioned that the Medellin Cartel, the brutal mafia that controls the violent Colombian cocaine underworld, had been responsible for the deaths of nearly thirty judges, a cabinet minister, the editor of Colombia's second most influential newspaper and hundreds of police officers and informants. She commented that I think too often we sit in judgment of other governments without considering fully the risks associated with our expectations.

Assistant Secretary Wrobleski said that the criminal justice system in Colombia is in crisis. It is not by mere coincidence that in Colombia, the country where the government has done the most of any nation in South America to control narcotics trafficking, that men and women risk their lives just by attempting to do their jobs. She said that the Colombian Supreme Court needs to get some more protection, both political protection as well as bureaucratic protection from the executive branch. Congressman Hughes suggested that a para-military force be used in Colombia to deal with the insurgency.

The members of the Select Committee on Narcotics expressed interest in the status of the negotiations over the Colombian-United States extradition treaty. Shortly before the hearing, Mr. Carlos Lehder, a suspected Colombian drug trafficker, was extradited to the United States to stand trial.

Congressman Hughes said, I understand that one of the challenges * * * was because the original legislation was signed into law by the acting President and then * * *. President Barco came back and resigned. Then in February 1987, the criminal chamber of the Supreme Court of Colombia, found that the treaty was inoperable and unconstitutional and now that is going to be heard by the full Supreme Court. Congressman Hughes questioned whether the Colombian Supreme Court was acting independently.

Ms. Wrobleski stated, "I think what you've got is a President who's waiting for ratification if you will, or reaffirmation of the treaty by the Supreme Court, and it is, of course, that same Supreme Court that passes on the extradition themselves. Congressman Gilman commented that when we lookack over the record of

the past few years in Colombia, you see how a sovereign state has virtually become hostage to the narcotics trafficking. My view, Mr. Gilman, is I think similar to yours, which is * * * that extradition in the short term is the answer, but the answer over the long term, * * * is the strengthening of an independent judicial system in Colombia."

Ms. Wrobleski stated, "we have sent legal teams down to work with the Colombians in an effort to sort out whatever technical problems we seem to have with the extradition treaty, but I must tell you that all of the lawyers in the world are not a match for the intimidation and the violence of the traffickers." She said that the U.S. Government was awaiting a decision by the full Colombian Supreme Court on the validity of the extradition treaty.

Regarding drug eradication, Ms. Wrobleski said that 540 laboratories were seized in 1986 and that 28 labs were hit in the first 60 days of 1987, and that using an aerial herbicide Colombia destroyed 85% of its marijuana crop. Progress against coca bush has been slowed by the refusal of the American manufacturer of the herbicide to sell it to the Colombian Government because of concerns over potential liability resulting from its use.

Ms. Wrobleski called the linkage between terrorist groups and the traffickers a marriage of convenience. It's two groups of people who profit from weak institutions and weak central governments. She indicated that a proposed Andean Summit was under review by the State Department and the National Security Council, and that its agenda, if it were held would be determined by summit participants and not dictated by the United States.

On the "drug czar" issue Chairman Rangel stated "we can't find out who's in charge of anything on a full time basis to report to this Congress. If the President doesn't want any czar, you can name anything you want. You can legislate anybody you want, but it's not going to work. Ms. Wrobleski commented that I don't think that you can expect given our system of government and the way that different agencies have different pieces of the narcotics effort, that you can expect one person to have totally detailed knowledge of the entire domestic and foreign supply side and demand side picture."

Ms. Wrobleski said that was an inner agency investigation being conducted of the allegations of funding of Contra operations by drug trafficking.

This concluded the hearing.

RECOMMENDATIONS

1. The United States should earmark on an annual basis some foreign assistance funding to strengthen Colombia's judicial system.

2. Negotiations between Colombia and America to reach a mutually acceptable extradition treaty should continue, and suspected drug traffickers should be extradited for trial as rapidly as possible.

3. A single high-level individual with no other responsibilities should be appointed by the President, subject to Senate confirmation to manage the drug war on a daily basis. Such a position would be created by H.R. 2454, National Narcotics Leadership Act, sponsored by Chairman Rangel.

4. Concerns over potential liability must be resolved so that effective aerial spraying of coca crops in Colombia can begin.
5. Information on the subject of the Contras and drug running in the possession of the Select Committee was turned over to the House Committee on the Judiciary, Crime Subcommittee, for followup.

HEROIN TRAFFICKING THROUGH JFK AIRPORT (JULY 10, 1987)

Witnesses:

Panel I—Prosecutors

Bruce Baird, Assistant U.S. Attorney, Southern District of New York.
Andrew J. Maloney, U.S. Attorney, Eastern District of New York.
Sterling Johnson, Special Assistant District Attorney, Office of Prosecution, New York.

Panel II—Law Enforcement

Robert Stutman, Special Agent-In-Charge, New York Field Office, Drug Enforcement Administration.
Art Stiffel, Special Agent-In-Charge, J.F.K. Airport, U.S. Customs Service.
Thomas L. Sheer, Assistant Director-In-Charge, New York Field Office, Federal Bureau of Investigation.
Walter P. Connery, Assistant District Director, New York Office, Immigration and Naturalization Service.
Henry DeGeneste, Superintendent of Police/Deputy Director Public Safety Department, Port Authority, NY/NJ.

This hearing was conducted to assess the growing problem of emerging criminal groups involved in heroin trafficking at John F. Kennedy Airport in New York. The Select Committee on Narcotics had been informed of diverse criminal groups involved in heroin trafficking. In an effort to determine how much of a real narcotics trafficking problem existed at JFK Airport, various law enforcement agencies and the eastern and southern districts of the New York U.S. Attorney's offices were invited to share their perspectives on heroin trafficking at one of the nations largest and busiest international airports.

Chairman Rangel opened the hearing by citing the increasing amounts of heroin now available in the United States as a result of foreign couriers conducting their enterprises with varying degees of smuggling sophistication. Mr. Rangel also stated that the intention of the hearing was to examine the extent of inter-agency cooperation in stemming the tide of heroin trafficking in New York.

Congressman Benjamin Gilman, the Ranking Republican Member from New York, expressed his concern about the dimensions of the drug problem in New York and the diversity of ethnic groups involved. Mr. Gilman spoke to the need for multi-jurisdictional coordination to respond to this problem. He also cited the necessity for foreign governments to adhere to international treaties established. Finally, Mr. Gilman spoke to the necessity of under-

standing the methodologies of smugglers in order to develop effective counter tactics.

The consensus among the other congressional Members in attendance focused on the need for coordinated efforts and increased intelligence gathering. A provision cited by Congressman Traficant addressed the application of the death penalty for individuals guilty of trafficking any illicit substances above 80 kilograms. Congressman Floyd Flake, a non-member of the Committee, but the elected representative in the district where the hearing was held, spoke to the fact that an anti-drug war must be waged. Mr. Flake cited the need for greater funds to be allocated for drug treatment education and prevention. Additionally, Mr. Flake requested that we do everything possible within our powers to stop the flow of drugs across our borders.

Mr. Andrew Maloney, U.S. Attorney for the Eastern District of New York, identified that on average, 1 million dollars a month is being seized via money laundering cases. He cited Pakistanis, Indians, Nigerians, Chinese and others as major culprits of heroin smuggling. Mr. Maloney also stated that the Joint Narcotics Smuggling Unit (JNSU) operated by Customs and DEA is an excellent example of inter-agency teamwork.

Sterling Johnson, Special Narcotics Prosecutor for New York, commended the inter-agency coordination that is going on. He called for greater commitment by the administration in tracking this problem, especially by having the Secretary of Defense to commit the necessary resources.

Mr. Bruce Baird, Assistant U.S. Attorney for the Southern District of New York, commented that new emerging groups are less sophisticated than the Mafia, and because of the ethnic diversity are difficult to penetrate.

Among the prosecutors testifying, the common opinion was that the dollars that are supposed to trickle down via asset seizure and forfeiture are disbursed very slowly. Demand reduction is also seen as a critical need among members of society in general. Backlogs of cases pose problems for all the witnesses, especially the prosecutors, due largely to the requirements of the "Speedy Trial Act". The distinct need was addressed by both Members and panelists to pressure our administrations to come forth with an overall stronger enforcement and educational approach.

The panelists, who represented the enforcement agencies, spoke to how their particular agencies have responded to the heroin trafficking dilemma. Bob Stutman, head of the New York DEA, spoke to the fact that the average age of heroin addicts is getting older, because the problem is leveling off. The example he cited was the decrease in emergency room admission declines in NY for 1982 which were (5,000) to (3,181) in 1986. In 1977, 31% of heroin addicts were under age 30; in 1985, 77 percent of these individuals were over 30.

Mr. Stutman also said that the principal traffickers have changed to Asians, Africans and Israelis. The nature of the Mafia has also been diminished by combined law enforcement efforts. He cited that 40 percent of heroin imported is from Southwest Asia, the other 60 percent is from Southeast Asia. Mr. Stutman also advised that narcotics (heroin) from Asia is also coming in via

Mexico. Finally, Mr. Stutman called for stronger efforts to promote demand reduction.

Mr. Thomas Sheer of the New York FBI spoke about the traditional approach to solving cases his agency has historically utilized, taking down the entire organization. The FBI has taken this same approach for drug cases. They have cooperated with the DEA and Customs to break up drug groups. The most noteworthy case to date is United Bamboo, where an Asian gang with some 10,000 members was disrupted in its narcotics distribution activities in New York.

Mr. Art Stiffel of U.S. Customs at JFK Airport spoke of the excellent inter-agency cooperation that exists between DEA and Customs by virtue of the Joint Narcotics Smuggling Unit (JNSU). Mr. Stiffel acknowledged that Customs has made significant seizures of heroin via Nigerians and focuses on seizing monetary assets in addition to drugs.

Mr. Walter Connery of the Immigration and Naturalization Service (INS), advised that INS is more actively involved in narcotics cases because aliens are doing the trafficking. He mentioned the need to have stricter laws to allow for the deportation of aliens involved in drug smuggling activities.

Mr. Henry DeGeneste, Superintendent for the Port Authority of New York and New Jersey, stated that 35–40 percent of the drugs seized at the airport are referred by his officers to the N.Y. District Attorneys. The remaining 65–70 percent is handled by the U.S. Attorneys offices. Mr. DeGeneste also contended that possibly the reason for substantial seizures occurring at JFK is due to the efficient job done by the New York enforcement staff.

During the question and answer period, Mr. Stiffel commented on the techniques Customs is developing to evaluate drug smuggling in cargo. He admitted that some of their efforts are still in the experimental stage. He spoke to the fact that a limited amount of containers are opened and detector dogs attempt to sniff for narcotics.

Other members of the enforcement panel addressed the need for more translators for pursuing wire tap operations, and improved use of intelligence information generated by the El Paso Intelligence Center (EPIC), a primary resource for law enforcement agencies. It was also recognized that recruiting foreign nationals to work as law enforcement agents might facilitate the disruption of some of these drug trafficking groups.

PEDIATRIC AIDS (JULY 27, 1987)

Witnesses:

C. Everett Koop, Surgeon General of the United States.
Edward I. Koch, Mayor of New York City.
David Dinkins, Manhattan Borough President.
Dr. Margaret Heagarty, Chief of Pediatrics, Harlem Hospital.
Dr. Lorraine Hale, Executive Director, Hale House Center.
Dr. Beny Primm, Executive Director, Addiction Research and Treatment Corporation.
Dennis Whalen, Executive Assistant to the Director, New York State Division of Substance Abuse Services.

James Butler, President Local 420, AFSCME/Hospital Workers Union.

Suki Ports, Minority Task Force on AIDS.

Because of the association between intravenous drug abuse and the overwhelming majority of perinatally acquired AIDS cases, the Select Committee on Narcotics Abuse and Control held a hearing on "Pediatric AIDS" on July 27. Since more than sixty babies, infected with the AIDS virus, had been cared for at Harlem Hospital in New York City, the hearing was held there.

Select Committee Members in attendance at the hearing included: Charles B. Rangel, Chairman; Benjamin Gilman, Ranking Minority Member, and Edolphus "Ed" Towns. Members of the New York Congressional Delegation present were Representatives Ted Weiss and Bill Green and Senator Alfonse D'Amato.

Regarding the dimensions of the problem of pediatric AIDS/IV drug use, a number of themes emerged from the testimony of the witnesses. Of the more than 500 pediatric AIDS cases reported to the Centers for Disease Control by July, 1987, the majority were related to parental intravenous drug abuse. Expectations were that the number of non-transfusion transmitted pediatric AIDS cases would continue to increase. This is because of the high concentration of female AIDS cases among women in their child-bearing years.

The pediatric AIDS population also indicates how minority communities are being disproportionately affected by the AIDS problem. Over half of all babies born with AIDS are Black; another 25 percent are Hispanic. In New York, Black and Hispanic babies comprise a disproportionate number of the pediatric AIDS cases.

Perhaps the most frightening fact about the pediatric AIDS problem, reported, was that the available statistics only indicate the obvious cases. The Centers for Disease Control use a very restrictive definition. For each case of AIDS in children reported to the CDC, it is estimated that there are three to five time as many children with AIDS-related illnesses. Some of these children will fall victim to life-threatening diseases. Others may live reasonably healthy lives, for some years, although their immune systems are impaired.

According to the witnesses, children with AIDS and those with AIDS-related illnesses will require medical and social services. Additional foster care will be needed, as well as a variety of support services for natural or foster parents.

Dr. Margaret Heagarty told the Committee that the AIDS epidemic has placed enormous financial stress on the resources of the public general hospitals. A recent close analysis of the hospitalization costs for the first 37 children with AIDS for whom Harlem Hospital provided care indicated that 30% of the hospital days and 20% of the total cost was accounted for by the unnecessary hospitalization. The AIDS epidemic not only affects the care of AIDS patients, but imperils the entire municipal health delivery system.

Yet, despite the hospital's limited resources, Dr. Heagarty indicated that the provision of direct medical care for these children is in many ways the simplest problem we must solve. Existing public human service programs were designed in categories that are no longer valid or useful for this and other diseases. The statutory and regulatory requirements are so complex, dysfunctional, fragment-

ed, and disorganized that the hospital staff oftens spends as much time dealing with bureaucracies as it does patients.

Specifically, Dr. Heagarty identified the following needs of children with AIDS:

1. Access to the best medical care we can provide. Diagnosis of AIDS should permit immediate access to third party insurance, probably Medicaid.

2. The children and their families must have social and medical supports that permit them to remain out of the hospital.

3. In addition to increased foster care, these families need additional social and practical supports.

4. The children qualify for SSI, but that takes months after a complicated application process. These children die, on the average, within two years.

5. Establishment of small group homes.

The hearing witness asserted, repeatedly, that all children with AIDS need not be hospitalized. Hale House Cradle, planned by Dr. Lorraine Hale, is one approach to maintaining in the community a child with AIDS, who does not need hospitalization. Hale House Cradle is to be a small residential facility, a group home, a residence for babies who are HIV positive. It will be a model of how ordinary Americans see a need and organize the resources necessary to address that need.

Reducing the incidence of AIDS among babies will require preventive education, particularly for women being in communities where IV drug use is prevalent. Dennis Whalen told the Committee that the New York State Division of Substance Abuse Services estimates that there are 200,000 IV drug users in New York City and that 25 percent are women. Moreover, DSAS estimates that 100,000 women in New York who do not use drugs are at risk of AIDS from their sexual partner. Or approximately 30,000 women in New York have already been exposed to AIDS due to drug use by themselves or their sexual partners.

Dr. Beny Primm offered the committee the following recommendations:

1. All men and women in drug treatment programs be mandated to attend courses in sex and birth control education. These courses should be conducted in the treatment programs and subsidized by either the City, State or Federal Government. Included should be the availability of all acceptable contraceptives (condoms, diaphrams, the sponge, spermicides, tubal ligation and vasectomy) as alternatives to unprotected sexual intercourse.

2. Voluntary HIV 1, and 2 antigen and antibody testing must be available in all drug treatment programs and alcoholic treatment programs. Treatment program participants should be strongly encouraged and urged to take the test, and be informed of their antigen or antibody test results. Detailed counseling before, while awaiting, and after reported results on a consistent basis must follow this informing process.

3. Planned Parenthood counselors must be made available in all treatment programs for those men and women who are of child bearing age.

4. Responsible sexual behavior must become an integral part of the treatment process. Social Service agencies, in conjunction with drug treatment programs must monitor levels of understanding of sex education by means of a testing instrument. This instrument may be used as an indicator of further education approaches that may be called upon.

5. Those men and women who are abusing drugs and not in a treatment program, but who are in receipt of City or State support must be mandated to enroll in such a program and given the necessary guidance to this end. Should they not fulfill this requirement their support should be jeopardized.

Concern was also expressed regarding the needs of health care workers who care for AIDS patients. They are in the frontlines and their work is emotionally and physically draining. Yet, the health care system is understaffed. Mr. Butler recommended that a special public hospital be established for AIDS patients and that additional Federal funds be directed to the Black community which is disproportionately affected by the AIDS problem.

In conclusion, the hearing underscored the need for a comprehensive approach to the pediatric AIDS problem. Moreover, it demonstrated the link between pediatric AIDS and intravenous drug use and the need to address the IV drug use problem if the incidence of pediatric AIDS is to be reduced.

NARCOTICS CONTROL—MEXICO (AUGUST 5, 1987)

Witnesses:

Joseph E. Kelley, Associate Director, National Security and International Affairs, General Accounting Office; accompanied by Thomas R. Brogan, Group Director, and Dianne Rawl, Evaluator.

Jerrold Mark Dion, Deputy Assistant Secretary, Bureau of International Narcotics Matters, Department of State.

Paul Taylor, Deputy Assistant Secretary, Bureau of Inter-American Affairs, Department of State.

Thomas V. Cash, Deputy Assistant Administrator for Operations, Drug Enforcement Administration.

Dwight Ink, Assistant Administrator, Bureau of Latin American Affairs, Agency for International Development, Department of State.

In the 1970's and early 1980's the Government of Mexico, with U.S. assistance, operated a highly successful aerial eradication program that significantly reduced the illicit cultivation of marijuana and opium in Mexico. In recent years, however, Mexico's eradication program has deteriorated, and its narcotics control efforts, marred by serious corruption, have been disappointing.

Cooperation between Mexico and the United States reached its nadir with two incidents of violence against U.S. drug enforcement officers in 1985 and 1986. In February 1985, DEA agent Enrique Camarena Salazar and his pilot, Alfredo Zavala Avelar, were abducted and brutally murdered by narcotics traffickers. In August 1986, DEA agent Victor Cortez was detained and tortured for several hours by Mexican law enforcement officials. Those responsible for these vicious crimes still have not been brought to justice by the Mexican Government.

Today Mexico is the single largest supplier of both heroin and marijuana to the United States. Mexico also has become a major transshipment country for cocaine entering the United States.

The Select Committee held this hearing to examine the status of narcotics control efforts in Mexico and United States cooperation with Mexico to curtail the illicit production and traffic of narcotics. In his opening remarks, Chairman Rangel outlined the Committee's questions and concerns about the escalating drug production and traffic in Mexico, and he said, "The bottom line [that] has to come from the witnesses today is, do we have a plan? Do we have a plan [to address the situation in Mexico]?

The GAO's Joseph E. Kelley testified first. He presented the agency's findings on the United States-Mexico aerial opium poppy and marijuana crop eradication program. GAO reviewed the program in accordance with the omnibus Anti-Drug Abuse Act of 1986 which required GAO to evaluate the effectiveness of U.S. international narcotics control assistance provided by the State Department.

The purposes of GAO's review were to determine:

1. The extent to which the eradication program has reduced the amount of heroin and marijuana produced in Mexico and smuggled into the United States;

2. Whether the Office of the Attorney General of Mexico is using U.S. purchased and maintained aircraft to maximize aerial eradication; and

3. Whether the program's formal bilateral agreements provide an adequate basis for the ongoing cooperation needed to eliminate opium poppy and marijuana cultivation in Mexico as quickly and efficiently as possible.

GAO's major findings included the following:

The flow of heroin from Mexico to the United States is significantly less than during the mid-1970's, but it has increased steadily in recent years. In 1986, between two and four metric tons of heroin from Mexico entered the United States, representing 40 percent of the heroin consumed in the United States.

By 1986, roughly one-third of the marijuana available in the United States came from Mexico, compared to about 6 percent in 1982.

Although eradication of opium poppy and marijuana increased in 1986, it did not keep pace with increases in illicit cultivation.

Typically, less than 40 percent of the total estimated annual cultivation of opium poppy and marijuana has been eradicated by the bilaterial program.

The bilateral eradication program is hampered by numerous management problems which, if addressed, should improve program performance. These problems include:

—A lack of country-wide surveys to determine the extent and location of illicit cultivation. In 1986, only two of 13 zones were surveyed.

—Inexact estimates of eradication and limited verification, due to the lack of a helicopter for on-ground evaluations of eradication effectiveness.

—Insufficient program data for planning and evaluation purposes.

—A high vacancy rate for pilots and an insufficient number of mechanics due to low pay. These personnel shortages adversely affect aircraft utilization and availability.
—Failure to meet aircraft utilization and availability standards recommended by the State Department. Aircraft were flown an average of 48 hours per month compared to the 80 hours considered reasonable by State. As little as 40 percent of the airfleet was available for duty compared to the 80 percent availability recommended by State and the 90 percent rate called for in the maintenance services contract.
—Poor maintenance scheduling and inadequate inventory control which caused delays in routine maintenance operations. Supplies of some parts were insufficient, while the excess supplies of other parts were valued at $6–8 million.

Formal agreements between the United States and Mexico, which should document mutual understandings and expectations, fail to address important program elements. Recent agreements do not:

—Discuss the methodology for comprehensive aerial surveys of illicit cultivation;
—Contain mutually agreed upon eradication targets based upon specified standards for aircraft utilization and availability;
—Provide for a mutually acceptable and fully equipped program to measure and verify eradication accomplishments; and
—Provide for a mutually acceptable program of periodic evaluation and audit.

In response to questions from Committee members, Mr. Kelley agreed that the situation with regard to drug production and traffic in Mexico was steadily worsening. When asked what plan was in effect between the United States and Mexico, specifying program goals and timetables to address this growing problem, he testified that to his knowledge there was no such plan in effect now.

Mr. Kelley told the Committee that while GAO was in Mexico conducting its review, the U.S. embassy, under the direction of the ambassador, was working on an operational plan which was completed in mid-May. The plan represented the embassy's view of what was needed to improve the program and focused on the kinds of problems GAO had identified. He said it was his understanding that this operational plan had been submitted to the State Department in Washington for review. As far as he knew, however, the plan had not yet been approved, and there had been no formal presentation of the plan to the Government of Mexico, much less agreement on the plan. Prior to the development by the embassy of this draft operational plan, he said, he was unaware of any formal plan for narcotics control cooperation in effect between the two governments.

At the request of the chair, the Executive Branch witnesses did not make formal statements to the Committee, but the complete written testimony of Mr. Dion (INM), Mr. Cash (DEA) and Mr. Ink (AID) was submitted for the record. Summaries of these written statements are included below. Mr. Taylor of the State Department's Inter-American Affairs Bureau did not have a written statement as his testimony was not scheduled until the day before the hearing.

The Committee's questions to the Executive Branch panel focused on two major issues: first, whether the United States and Mexico have a plan for joint narcotics control efforts, and if so, what is that plan; and second, the status of efforts by the State Department to negotiate the establishment of a Mexico-United States Intergovernmental Commission on Narcotics and Psychotropic Drug Abuse and Control, as called for in the Anti-Drug Abuse Act of 1986.

Chairman Rangel asked Mr. Taylor to outline our government's narcotics control plan with Mexico as it relates to overall U.S. foreign policy toward Mexico. In his reply, Mr. Taylor said that the United States has a wide range of important interests in our relationship with Mexico including trade, economic issues and immigration in addition to narcotics concerns. He said, "There is no question at all [that] narcotics is an essential part of the short list of vital interests that we have * * * with Mexico."

The Chairman recalled that he frequently heard the Secretary of State speak out publicly against the threats of communism and terrorism, but he could not remember any public statement by the Secretary as to the importance of getting a handle on international narcotics problems. If the question of narcotics is such a high foreign policy priority, he asked, when had the Secretary spoken out publicly against international drug trafficking? When Taylor said he would try to provide such dates for the record, the Chairman countered that he would not be able to do it, "But tell the Secretary I asked again because I think it is important that the American people recognize, as former Chief Justice of the United States Warren Burger did, that [narcotics are] * * * a more serious threat to our national security than communism."

The Chairman then asked Mr. Taylor if he would "shatter the myth that the [GAO] gave to this Committee * * * that we don't have a plan to deal with this problem with the Government of Mexico?" Mr. Taylor replied that there had been many policy statements articulating the continuing eradication program the United States has with Mexico. He disputed the Chairman's suggestion that the program had been a failure, citing as a "success" the fact that, "Eradication rates are up." He admitted, however, that, "Production rates seem to be up even more," and said he was not yet satisfied that enough was being accomplished.

Renewing his line of questioning, the Chairman said if we do not know the extent of illicit narcotics production in Mexico, and if we do not have a plan to control the problem, "[How] do you gauge success?" Mr. Taylor discussed the draft plan developed by the recently appointed ambassador to Mexico and the embassy country team. Chairman Rangel said, "It was my understanding that our ambassador enforces the policies of the President * * * and the Secretary as enunciated by the Secretary of State, and we give him [the ambassador] the plan [that] he is to execute * * * and * * * the State Department reports to [Congress] how much money they need * * * to support this policy. But what bothers me," he said, "is that the ambassador has no plan to work from. No one gave him a plan when he was appointed. If he wasn't working out his own plan, there would be no plan."

Mr. Gilman noted that accurate estimates of total illicit narcotics production in Mexico are not available and asked about the status of efforts to conduct comprehensive aerial surveys of illicit cultivation. Mr. Dion said the State Department had been working with the Mexican Government for two years to devise an aerial survey. He expected a full aerial survey of opium producing areas of Mexico to be carried out in February 1988. He said, however, that, "We will not be able to do an estimate of marijuana production in Mexico."

Dion said the State Department has a "pretty good estimate" of current opium production in Mexico, which he said was 4,500 to 6,000 hectares annually. He said the eradication program eradicated 35–40 percent of this amount and cited a variety of reasons why the program did not take out more. The most serious problems, he said, were, "the availability of pilots, the availability of aircraft [and] maintenance of aircraft." Asked if Mexico needed additional aircraft for the eradication program, Dion said there were a number of evaluations under way to examine this issue.

Several Committee members criticized the State Department for failing to pursue vigorously with Mexico the creation of a Mexico-United States Intergovernmental Commission on Narcotics and Psychotropic Drug Abuse and Control. Mexican and U.S. legislators initially recommended this commission at the 26th Mexico-United States Interparliamentary Conference in 1986 and reaffirmed this recommendation at their 1987 meeting. In the interim, Congress included language in the Anti-Drug Abuse Act of 1986 calling on the President to direct the Secretary of State to enter into negotiations with Mexico to create such a joint commission. The Act specified that the commission should meet semiannually and should include members of the legislative and executive branches of each government. The Act directed the Secretary to report to Congress within 90 days on the progress in establishing such a commission.

When asked about the status of efforts to establish the commission, Mr. Dion referred to a letter that the Secretary of State was about to send to Chairman Rangel on this issue (an unsigned copy of the original letter had been provided to the Committee on August 4, the day before the hearing. The original was signed on August 5, 1987). This letter recommended the establishment of the United States/Mexico Interparliamentary Commission on drugs that would meet annually. Executive branch officials would not serve on the proposed commission but would be available, as requested by the commission, to advise the parliamentarians and brief the commission on various aspects of narcotics cooperation between the two governments. The Secretary's letter proposed that a day be added to the annual United States/Mexico Interparliamentary Conference to permit specific discussion of narcotics issues.

The Chairman, Mr. Gilman and other Committee members accused the State Department of footdragging. They pointed out that nearly a year had passed since enactment of the omnibus Anti-Drug Abuse Act, and virtually no progress had been made toward the establishment of the intergovernmental drug commission. Moreover, they said, the Secretary's proposal for an interparliamentary conference was completely contrary to the statute which called for an intergovernmental commission comprised of legisla-

tors and executive branch officials from both countries. Another interparliamentary conference was unnecessary, they said, because legislators from both countries already discussed narcotics control issues at the annual Mexico-United States Interparliamentary Conference. What authority did the Secretary of State have, they wanted to know, to completely ignore and deviate from the law Congress had passed?

Mr. Dion replied that the law had been interpreted as "guidance" to the Executive Branch and that lawyers in the Department of State and the Department of Justice had determined that there was no precedent or legal authority for a mixed commission that would involve executive and legislative officials from the United States in joint negotiations with executive and legislative officials of a foreign government. He said that, in any event, the Government of Mexico did not want to participate in an intergovernmental commission and preferred the model proposed in the Secretary's letter.

Mr. Gilman and Mr. Rangel sharply disagreed with Mr. Dion's response. Mr. Gilman said the purpose of the law was to establish effective coordination between the two governments on the serious matter of narcotics control. Chairman Rangel rejected the notion that the law passed by Congress was merely "guidance" that the Secretary was free to ignore or alter at his wish. "If this Congress passes a law," he said, "which the Secretary of State finds is repugnant to every international principle [and] which he and the President object to * * * then you send a note or do something. You get back to the Congress and say, 'This can't work,' or, 'This exceeds the congressional authority,' or that, 'This interferes with foreign policy,' " The Secretary, he said, cannot create "some cockamamy idea" that has nothing to do with the law Congress passed.

When Mr. Dion replied that there had been consultations with Congress on the legislation over the last six to eight months, the Chairman retorted, "You bet your life. 'We are working it out, and we are pretty close to agreement.' That was the consultation. That is all Ben [Gilman] and I ever heard."

Mr. Rangel and Mr. Gilman also disagreed with Dion's statement that Mexico objected to the intergovernmental commission approach. Mr. Gilman said that within a month or two after the interparliamentary conference adopted the recommendation for an intergovernmental commission, "Mexico had their people in place and ready to go, and we have been urging and pleading with our own State Department to come forward with their recommendation." Mr. Rangel said, "We meet with the Mexicans—they have said they passed their law."

Following the hearing, the Committee requested the State Department to reassess its position with regard to the establishment of a U.S.-Mexico intergovernmental drug commission. The Department's reply reiterated its opposition to a joint executive/legislative commission and again maintained that the Mexican Government is unwilling to participate in such a body. The Department said that executive officials of both governments remained ready to play an advisory role to a legislative narcotics commission.

The Committee expresses its deep disappointment in, and disapproval of, the Department's unwillingness to pursue vigorously

with Mexico the establishment of a joint, intergovernmental narcotics commission as directed by Congress. The Committee continues to believe that such a commission would help to raise the issue of drug abuse and drug trafficking, which so adversely affects both countries, to the highest levels between our Government and the Government of Mexico.

Other issues that came up at the hearing included the Camarena investigation and fugitives from United States justice living in Mexico. Noting that more than two years had passed since agent Camarena's death without any resolution of the case by the Mexican courts, Mr. Guarini questioned the sincerity of the Mexican Government's investigation of this matter.

Mr. Dion said the principal suspects in the case were all under arrest and the prosecution was continuing through the Mexican judicial system, albeit slowly. He said the investigation was a top priority in the U.S. Government's dealings with Mexico.

When asked if he was satisfied with Mexico's handling of the Camarena case, Mr. Cash from DEA replied, "Of course I am prejudiced when it comes to investigations concerning agents. I don't think I would ever be satisfied completely until everybody is brought to justice." He said, however, that there had been a number of efforts made, and he specifically referred to ongoing investigations of the case within the United States.

Mr. Oxley asked how many narcotics violators' wanted in the United States, are fugitives living in Mexico and whether extradition of any of these fugitives had been sought. Mr. Cash replied that there were 921 such fugitives, and none had been extradited because Mexico would not extradite any of its citizens as a matter of course. Mr. Dion said the mutual legal assistance treaty being negotiated with Mexico did not provide for extradition, but both he and Mr. Cash said the treaty included provisions to facilitate exchange of evidence and information between the two countries. These provisions, they said, would make it easier to conduct joint narcotics prosecutions whereby Mexico could prosecute narcotics violators in its courts based on evidence provided by the United States.

Mr. Cash noted that the concept of joint prosecutions had been pursued with Mexico in the past under the JANUS program, and he hoped the mutual legal assistance treaty would resolve difficulties that had arisen in the exchange of evidence. Mr. Cash was asked whether, notwithstanding the present negotiations over the mutual legal assistance treaty, any effort had been made to conduct joint prosecutions of drug fugitives in Mexico using the provisions of the 1961 Single Convention on Narcotic Drugs that allows for the exchange of evidence between signatories? Cash replied that to the best of his knowledge no such effort had been made.

While most of the hearing focused on eradication efforts in Mexico and drug law enforcement issues, Mr. Dwight Ink from AID discussed his agency's proposed drug awareness program in Mexico. A summary of his testimony appears below.

FINDINGS AND RECOMMENDATIONS

1. Although the Administration witnesses tried to present the situation in Mexico and the status of Mexico-U.S. narcotics control efforts in the best light possible, their testimony substantially corroborated the findings of the GAO's analysis. The amount of illegal drugs produced in Mexico and exported to the United States has increased sharply. Mexico currently produces 40 percent of the heroin and one-third of the marijuana available in the United States, and one-third of the cocaine consumed in our country transits Mexico. The current opium and marijuana eradication program is ineffective, and illicit cultivation of these substances in outpacing eradication. Although our narcotics assistance program to Mexico is the largest the United States has with any country, and has been since 1973, this program is fundamentally flawed because our government does not have now, and never has had, a plan with Mexico that spells out goals and objectives, including specific eradication targets and timetables, and addresses the resources needed to eliminate the illicit cultivation, production and traffic of narcotics in Mexico.

As the first priority to strengthen our bilateral narcotics control efforts with Mexico, the Committee recommends that the State Department negotiate a comprehensive plan with the Mexican Government for the progressive eradication of illicit drug production and traffic in Mexico. To remedy the deficiencies found by the GAO, the plan and implementing agreements should document clearly mutual understandings and expectations and spell out the responsibilities of each government. The plan should specify the methodology and resources needed for comprehensive aerial surveys to determine the extent of illicit opium and marijuana cultivation and establish a data base to measure program progress; establish specified standards for aircraft utilization and availability and include mutually agreed upon eradication goals and timetables based on those standards; provide for a mutually acceptable and fully equipped program to measure and verify eradication accomplishments, and provide for regular program evaluation and audit.

2. The Committee also recommends that the necessary steps be taken to establish a vigorous program of joint narcotics prosecutions by Mexico and the United States.

The concept of joint narcotics prosecutions provides for the exchange of narcotic evidence, witnesses and testimony to prosecute important drug violators in one country on the basis of evidence gathered in both countries or third countries. Since the Committee's 1983 study mission to Mexico, the Committee has recognized that in Mexico it is not enough for the government just to eradicate illicit opium and marijuana crops. The Committee has urged that a vigorous joint narcotics enforcement effort be undertaken by the Mexican Federal Judicial Police (MFJP) assisted by DEA to make important drug arrests and seizures and develop the evidence to prosecute successfully in Mexico major traffickers, laboratory operators and financial backers of the drug traffic in Mexico and the United States.

On its visit to Mexico in January 1986, the Select Committee learned that not even a start had been made in developing any ef-

fective prosecutions in Mexico with the MFJP on the basis of evidence available in the United States through the DEA. The testimony of State Department and DEA witnesses at this hearing indicates that the situation with regard to joint prosecutions remains the same today. Any effort to initiate joint prosecutions appears to be on hold pending completion of work on a new mutual legal assistance treaty.

Since the Committee's hearing in August, Mexico and the United States have reached agreement on a new mutual legal assistance treaty. The treaty was signed on December 9, 1987, in Mexico City by U.S. Ambassador Charles J. Pilliod and Mexican Attorney General Sergio Garcia Ramirez. The Mexican Congress has already approved the treaty, and the State Department plans to submit it to the Senate for ratification as soon as the Senate returns for the second session of the 100th Congress in January 1988. As noted in the testimony of State and DEA witnesses to the Committee, this treaty should remove any legal impediments that may have hindered joint prosecutions between the United States and Mexico.

The conclusion of negotiations on a new treaty is a welcome development, and the Select Committee urges the Senate to approve the treaty as soon as possible. The Committee also recommends that the State and Justice Departments begin immediately to work with their Mexican counterparts to initiate an effective program for joint prosecutions of major narcotics violators. Toward this end, the Committee proposes, as it did following its 1986 study mission to Mexico, that the United States and Mexico organize two units, one in Mexico City supervised by a Mexican official and one in Washington, DC, supervised by a U.S. official, each staffed by a small number of MFJP investigators and Mexican instructional judges or magistrates, as well as DEA special agents and U.S. Department of Justice attorneys. Each office, using its binational expertise, would oversee the collection and preparation of evidence and testimony for transmittal to the other country for prosecution purposes.

Summary of Written Testimony of Jerrold Mark Dion, Bureau of International Narcotics Matters (INM), Department of State

The focal point of the narcotics control effort in Mexico is the crop eradication program, but the results of the fall 1986 campaign were not as impressive as hoped.

As reported, in the March 1987 INCSR (International Narcotics Control Strategy Report), inefficiencies in the aerial eradication effort remain.

Over the past six months, INM has sponsored a series of evaluations of the aerial spray program and of aviation maintenance requirements.

The Embassy of Mexico has drawn up a revised strategy. The strategy is under review in Mexico City and Washington.

Since the inception of our narcotics control program with Mexico in the early 1970's the Government of Mexico has been reluctant to draw up a joint plan with specified objectives, primarily because of their national pride and because the objectives may be beyond their control.

Amended strategies are under discussion at the present time.

Advances in the Mexican narcotics control program during the last year:

1. Mutual commitment between Attorneys General and Presidents.
2. Eradication totals increased.
3. Increased financial commitment by Mexico.
4. Aerial surveys being conducted.

Problems:

1. Production continues to increase.
2. Many Mexican officials believe the control program only benefits the United States.
3. The program is a Mexican program in which the United States plays only a supportive role.
4. Accountability and management are key problems in the maintenance contract.
5. Poor morale among pilots.
6. Corruption remains a serious concern.

Thirty-nine percent of heroin available in the United States in 1985 originated in Mexico; 30 percent of the marijuana available in the United States is produced in Mexico; an estimated one-third of the cocaine consumed in the United States transits Mexico.

In 1987, eradication efforts have concentrated on spraying marijuana.

Verification of eradication, a joint program by DEA and the Mexican Attorney General's Office (PGR), is based on a sample of the total number of fields eradicated. DEA selects the fields and of those checked over 90 percent have been destroyed.

The PGR has scheduled a special fall eradication campaign, Pacifico VIII.

Enforcement efforts are improving with both marijuana and cocaine seizures up this year.

There is no complete data base for narcotics production in Mexico.

INM continues to pursue the satisfactory conclusion of the mutual legal assistance treaty (MLAT) with Mexico.

As of May, there were 85 aircraft in the aerial eradication fleet covered by the U.S.-financed maintenance contract, and the PGR is purchasing 14 new Bell 206 B helicopters with funds added to the regular 1987 budget.

Mexico has increased its own commitment to the eradication campaign from 2.6 billion pesos in 1984 to 21 billion pesos in 1987; but in terms of U.S. dollars, the budget has remained fairly constant. For 1987, Mexico will spend an estimated $21.5 million, a 23.6 percent increase in dollar terms, most of which is to purchase new helicopters.

Under the current maintenance contract ("a host country contract"), there is a lack of accountability. INM has contracted with a firm to review the maintenance operation, make recommendations for improvement, and draft a scope of work. INM has proposed a U.S.-administered contract, but the PGR response, based on the sovereignty issue, was negative. The Embassy is currently attempting to negotiate the issue.

81-767 0 - 88 - 4

There is currently a shortage of PGR pilots, mechanics and navigators, resulting largely from low salaries. The PGR granted a 40 percent pay raise in May, but inflation was 120 percent in Mexico over the last 12 months. INM has offered to supplement these wages, but PGR argues this must remain a Mexican responsibility.

Mexico has resisted use of five Turbo Thrush aircraft provided through special assistance.

There is a $13 million spare parts inventory in the maintenance contract, and much of this is excessive. To reduce the excess, improved procurement practices are needed. Recent implementation of a computerized system within the Embassy should help.

Summary of Written Testimony of Thomas V. Cash, Drug Enforcement Administration (DEA)

Mexico continues to be a major source of brown and higher purity black tar heroin and marijuana for American consumption. Ideal growing conditions have contributed to an estimated 2.8 metric tons of heroin available to the U.S. via Mexico, a figure basically unchanged from the prior year.

Mexican authorities reported seizures of 46.9 kilograms of heroin in 1986, an increase of 8.8 kilograms over 1985. The government also reported seizing 44.6 kilograms of heroin in the first five months of 1987, compared to 6.1 kilograms of heroin in the same period of 1986. Approximately 259 metric tons of marijuana were seized in the first five months of 1987, representing a 500% increase during the same period of 1986. In large part, the seizures have been due to Operation Alliance on the southwest border. Additionally, Colombian cocaine continues to be trafficked via Mexico into the U.S. The traditional routes of delivery for heroin and marijuana are being used for cocaine. Mexico leads all other Latin American countries in the total quantity of cocaine hydrochloride seized.

Investigations continue of Mexican Jalisco Police involved in the kidnapping and murder of DEA Agent Enrique Camarena Salazar, in addition to the torture of DEA Agent Victor Cortez. Prime suspects in the murder case, Caro Quintero and Ernesto Carrillo, are presently incarcerated pending trial.

Special operations have been conducted in which the DEA has participated, i.e. Operations Vanguard, Alliance and Full Press. Operation Vanguard, part of the bilateral program with Mexico, focuses on aerial eradication and verification utilizing aerial reconnaissance in conjunction with the Bureau of International Narcotics Matters. Operation Alliance is a multi-agency law enforcement interdiction effort aimed at curtailing the flow of illicit drugs from and through Mexico into the U.S. DEA has 115 Special Agents assigned to Operation Alliance.

Operation Full Press utilizes Border Patrol and Customs to focus on the interdiction of narcotics between and at the ports of entry and the initiation of follow up investigations. Full Press has been responsible for 550 arrests, seizures of 29,400 kilos of marijuana, 1100 kilos of cocaine and $105,000 in cash. Additionally, DEA has provided Title 21 investigative authority and training to approxi-

mately 150 U.S. Customs special agents participating in Operation Alliance.

Summary of Written Testimony of Dwight Ink, Agency for International Development (A.I.D.), Department of State

The program that A.I.D. plans for Mexico will consist of a $400,000 grant to the Mexican Federation of Associations of Family Planning (FEMAP) to undertake a pilot "grass roots" narcotics public awareness campaign.

FEMAP will contribute at least $100,000 in additional funds from resources it will mobilize for the project.

A.I.D. funds will come from the $3 million earmarked for A.I.D. narcotics awareness activities in the Anti-Drug Abuse Act of 1986.

From this $3 million, the Bureau for Latin America and the Caribbean will obligate over $2.2 million in fiscal year 1987 for activities in six countries.

The objectives of the Mexico project are:

—to inform the community of Ciudad Juarez about the magnitude of its drug abuse problem.

—To develop consciousness within the community of the impact of drug abuse on the individual, family, and society.

—To mobilize community groups for massive, intensive, and long-range action to prevent drug abuse.

—To serve as a pilot project in the event Mexico decides that the results are worth adopting to the needs of other areas in Mexico.

The project will consist of three related but separate activities.

—The first part will be a survey of 3,000 people in the Ciudad Juarez area to determine the percentages and characteristics of drug abusers. Once this survey is completed, the project will develop programs using television, radio, and the press to convey to the people of Ciudad Juarez the dangers of drug abuse.

—The second major component of the project will be the design of alternative treatment programs to help meet the special needs of current drug abusers in Ciudad Juarez. These efforts will include a community referral system for treatment and rehabilitation and development of a job bank for addicts in treatment and rehabilitation.

—The third element of the project will be a subcontract with Johns Hopkins University to design a popular song-based media program using vocalist personalities selected to appeal to the teenage/young adult population.

The planned Mexican program will be implemented over a 1-year period, and will count on the contributions of hundreds of unpaid volunteers and community leaders.

A.I.D. now has drug awareness programs underway in Bolivia, Peru, Colombia, Jamaica, and Belize, while new projects are proposed to start soon in Mexico, Panama, and Ecuador.

A.I.D.'s narcotics awareness activities are designed to develop new institutions as well as strengthen existing organizations to carry out demand reduction programs on a self-sustaining basis in the future.

Each activity is carried out under the general authority of the U.S. Ambassador in the affected country, and A.I.D. collaborates with other interested agencies such as the Drug Enforcement Administration and the Bureau of International Narcotics Matters in developing A.I.D. programs.

A.I.D. has found that some Latin American governments have been very reluctant to undertake more aggressive efforts to eliminate the production and trafficking in narcotics because they fear the backlash from farmers and laborers whose livelihood will be threatened.

The largest A.I.D.-assisted drug education program is being carried out in Peru. Accomplishments of this program include the creation of a private Peruvian organization to coordinate a sustained nation-wide public education program on drug issues.

In Belize, a national drug awareness program was initiated in 1985, which has resulted in the formation of youth groups and drug awareness action committees.

In conclusion, it is unrealistic to expect A.I.D.-supported narcotics awareness activities to eliminate political opposition to the difficult narcotics control measures that many Latin American countries are carrying out. But these A.I.D.-supported activities are an important component of an overall strategy to lessen opposition and to build community and political support for enforcement actions against narcotics traffickers.

SPORTS AND DRUG ABUSE PREVENTION (SEPTEMBER 10, 1987)

On Thursday, September 10, 1987, the Select Committee held a hearing on Sports and Drug Abuse Prevention.

Witnesses:

Panel—Professional Sports

Mr. Douglas Allen, Assistant Executive Director, National Football League Players Association.

Mr. Charles Grantham, Executive Vice President, National Basketball Association Players Association.

Mr. Jay Van Duser, Director of Operations, National Football League.

Mr. Irwin Weiner, Irwin Weiner Sports Enterprises.

Panel—College/High School Sports

Ms. Ruth M. Berkey, Assistant Executive Director for Administration, National Collegiate Athletic Association.

Mr. Bowie K. Kuhn, President, TARGET, a Drug and Alcohol Abuse Prevention Program of the National Federation of State High School Associations, accompanied by Mr. Brice B. Durbin, Executive Director, National Federation of State High School Associations.

Ms. Eve Atkinson, Associate Director of Athletics, Temple University.

Mr. John DeGioia, Dean of Student Affairs, Georgetown University.

Panel—Treatment and Prevention Support for Athletes

Mr. Calvin Hill, National Football League player (retired); Sports Executive for the Baltimore Orioles; Founder of The Inner Circle, In-House Drug Program for Members of the Cleveland Browns.

Joseph N. Carr, Ph.D., Mental Health Professional, Consultant to the National Basketball Association on Mental Health Support for Substance Abusers.

Mr. Michael Green, Consultant, Prevention and Treatment Program Developer for College and Professional Sports.

Mr. Harold Bell, Founder of Cocaine Hotline, WUST Radio "Inside Sports" Host, Washington, D.C.

Chairman Rangel said the purpose of the hearing was to see what the sports community was doing to address the problem of drug abuse. He said that drug use disgraces the team and the sport. Congressman Guarini said, today we want to learn how the sports world is responding to the problem of drug abuse among athletes. We will also explore how the sports community can contribute to broadbased national drug abuse prevention campaigns in the workplace, school, and community settings.

Mr. Douglas Allen representing the NFLPA said, that the players association opposed random drug testing. The agreement between the players and management currently provides for a drug test to be given to each player when he takes his annual pre-season physical and upon reasonable cause.

Mr. Charles Grantham said that the NBAPA and the NBA initiated a policy on drugs in 1983. He stressed the need for a comprehensive after-care program for NBA players with drug problems and said that it was very important that a player with drug problems change his lifestyle.

Mr. Jay Van Duser, Director of Operations, NFL, said that the public would not accept continued opposition by NFL players to random drug testing and that club owners should not ignore instances of drug abuse when they are uncovered. Mr. Van Duser stated that results of drug tests do not go to the NFL office, rather they go to the NFL's drug advisor, Dr. Forest Tenant, who then works with the player involved and the medical staff of the club to which he belongs.

Mr. Irvin Weiner advocated that each NFL team employ a psychologist or psychiatrist to work with team members to prevent drug abuse from occurring. Mr. Van Duser said that the agreement between the NFL and the NFLPA requires each team to designate and register with the league office a psychiatrist or psychologist to whom its players can be referred.

Mr. Grantham told Select Committee members that doctors indirectly affect a player's pay and ability to stay in the league. In basketball drugs are universal, but a psychologist is not yet available to all teams, he said.

Mr. Allen and Mr. Van Duser agreed that use of cocaine was lessening in the NFL. Mr. Grantham said that there is a liaison committee between professional sports and the NCAA, which meets once a year, at which meeting drug abuse is usually discussed.

Mr. Bowie Kuhn testified that TARGET was formed to mobilize the potential that exists in American high schools to say no to

drugs and alcohol. TARGET is a drug and alcohol abuse prevention program sponsored by the National Federation of State High School Associations. Its concept is students working with students, creating a positive peer influence against use of drugs and alcohol. The TARGET program has a central resource center and toll-free number (1-800-366-6667) schools can call for information and assistance in developing and maintaining drug and alcohol prevention programs.

Ms. Ruth Berkey said that the National Collegiate Athletic Association believes that drugs have no place in intercollegiate athletics, and that only 2% out of the 3,511 students tested, tested positive for drug use. She said that the Association's current budget for drug education programs was $335,000, and that this amount will increase to $450,000 in the 1987-1988 school year. While the National Education Association opposes it, the NCAA supports testing for the presence of recreational drugs in student athletes. She mentioned that the NCAA's drug education efforts started in 1970, and that drug testing is the final deterrent to drug use.

Ms. Eve Atkinson said that Temple University's Deter Program provides drug education, drug testing, and drug rehabilitation. Drugs tested for at Temple include cocaine, amphetamines, and anabolic steroids. Drug testing at Temple is done on a computerized random basis, and only following a third instance in which the presence of drugs is confirmed is a student barred from athletic competition. Should a student be barred from athletic competition, he can still receive drug rehabilitation at the university's expense for one year.

Mr. John DeGioia, Dean for Student Affairs, Georgetown University, stressed that athletics should fall within an academic department of the university such as student life, and that the purpose of college athletics is to provide an opportunity for a student to test his or her character, and have a set of common experiences with classmates. He said that coaches and student advisors must be trained to recognize substance abuse problems and refer students for appropriate psychological treatment. He opposed attaching a psychiatrist or psychologist to athletic teams, saying they should function within an academic department of the university. He said each case of drug abuse is treated individually at Georgetown, there is no one uniform policy to cover all cases.

Former NFL running back Calvin Hill detailed instances of drug abuse by members of the 1981 Cleveland Browns. He said it was important to involve family members in drug counseling. Because of the tendency of the drug user to relapse into his former habit, there is a need for comprehensive after-care services. He said that the success of any drug program in sports depends on the knowledge and concern of the head coach. He indicated that student athletes are too often sheltered by their university and coach and that student athletes must be taught to exercise good judgment. He said that some sports agents entice players to sign with them by offering them drugs.

Dr. Joseph Carr who has provided mental health services to athletes for 16 years, said the entire spectrum of support services must be made available to athletes. He suggested that the NCAA sponsor a yearly substance abuse seminar at which coaches are taught

to identify drug abuse problems. He suggested that there be employee assistance programs in professional sports with orientation for new players to a professional league and after-care services.

Mr. Michael Green conducted an audience participation exercise, which he uses on students to focus their attention on the problems of substance abuse. Mr. Harold Bell stated I am not convinced that pro sports wants to eliminate the problem of drug abuse. Citing the large salaries professional sports teams pay their players, he said they must have the right to conduct random drug testing of players, but he said that they should have to make a substantial monetary payment, $50,000, to the player if they falsely accuse him of drug use.

Chairman Frank Guarini said players who use drugs should not be allowed to play. Calvin Hill opposed Chairman Guarini's position. Mr. Hill called random drug testing a simplistic solution; to a complicated problem.

Congressman Rangel said that if a player breaks a rule regarding use of drugs, he should receive support services, but not be allowed to remain on the team. Congressman Rangel said that Mr. Hill's testimony did not dwell on an athlete accepting the consequences of his drug use.

This concluded the hearing.

RECOMMENDATIONS

1. Coaches and athletic administrators should be given more training in how to recognize the signs of substance abuse in student-athletes.

2. So that the purpose of college athletics to give students common experiences with their peers and a means of testing their character is not lost, athletics should fall within an academic department of a university. Referral to appropriate medical personnel for students with drug problems should be available.

3. A comprehensive system of medical services, including aftercare, should be available to the professional athlete with a drug problem. Athletes should have access to a psychiatrist or psychologist, but such an individual need not be an employee of the team.

4. The Select Committee on Narcotics supports the policy of the National Collegiate Athletic Association to test student-athletes for recreational drugs.

5. The Select Committee on Narcotics believes that whether random drug testing of professional athletes should occur is a proper matter for collective bargaining between the NFL Management Council and the NFL Players Association.

AIDS AND IV-DRUG USE: THE IMPACT ON THE BLACK COMMUNITY (SEPTEMBER 25, 1987)

On Friday, September 25, 1987, Chairman Charles B. Rangel sponsored a workshop on "Intravenous Drug Use and AIDS: The Impact on the Black Community." The workshop was a part of the annual Congressional Black Caucus Weekend.

Witnesses:

Dr. Charles Schuster, Director, National Institute on Drug Abuse.

Dr. Gary Noble, Public Health Service AIDS Coordinator, Centers for Disease Control.

Dr. Burton Lee, President's Commission on the HIV Epidemic, Physician, Sloan Kettering Memorial Cancer Center.

Dr. Margaret Heagarty, Chief of Pediatrics, Harlem Hospital.

J. Michael Quinlan, Director, Federal Bureau of Prisons.

George Hansen, Former Member of the House of Representatives.

Anthony Travisono, Executive Director, American Correctional Association.

Dr. Lorraine Hale, Executive Director, Hale House.

Dr. Lawrence Brown, Vice President, Research and Medical Affairs, Addiction Research and Treatment Corporation.

The workshop examined the relationship between AIDS and Intravenous (IV) drug use, which is associated with approximately one-fourth of AIDS cases. Witnesses also addressed the topics of women and AIDS, pediatric AIDS, AIDS and minorities, and AIDS and prisons, problems intricately associated with the link between AIDS and IV drug abuse.

Over 40,000 AIDS cases have been reported to the Centers for Disease Control. Approximately 10,000 cases reported to the CDC were associated with IV drug abuse.

CDC reported 2,840 female AIDS cases, and approximately fifty percent of women with AIDS are IV drug users. The second largest group of women at risk of acquiring AIDS are the sexual partners of IV drug abusers.

Over 570 cases of pediatric AIDS have been reported to the CDC. The majority of these children are under five years of age and have acquired the disease from their mother at or around birth. The overwhelming majority of perinatally acquired AIDS cases are children of intravenous drug abusers.

Among men, women, and children with AIDS, minorities are overrepresented. Blacks constitute 24 percent of all AIDS cases. Among Blacks with AIDS, 34 percent are intravenous drug abusers and 7 percent are homosexual males who are IV drug abusers. The majority of women with AIDS are Black or Hispanic. Among children with AIDS, Blacks and Hispanics comprise 78 percent of the perinatally acquired AIDS population. This overrepresentation is, in part, explained by the relationship between AIDS and IV drug abuse.

Since June 15, 1987, the Federal Bureau of Prisons has been testing those entering Federal prisons and those about to be released (60 days prior to release) for AIDS. The newly sentenced prisoner will be retested after three months, six months, and every six months thereafter. Preliminary findings indicate that of the 44,000 inmates in the Federal prison system, there are 33 inmates with AIDS in its most advanced form.

The witnesses participated in a roundtable discussion of IV drug abuse in the nation, in prisons, and in the community. Dr. Charles Schuster, Director, National Institute on Drug Abuse, (NIDA)

began the presentations. He indicated that many black communities in this country face two major epidemics today, drug abuse and AIDS.

Dr. Schuster discussed the problem of reaching the drug abusing population to prevent the further transmission of AIDS. He suggested that IV drug abusers are difficult to reach. They tend to be heroin addicts many of whom are poorly educated. AIDS prevention is further complicated because many non-IV drug abusers may be unaware that their sexual partner is a drug addict.

Dr. Gary Noble, who is the AIDS Coordinator for the Centers for Disease Control, provided the Committee with statistical data which indicated the disproportionately heavy impact which AIDS is having on minority communities. Blacks and Hispanics contributed twice as many persons to those totals as would be expected. Blacks who comprise 12 percent of the U.S. population, contribute 24 percent of the AIDS cases. Hispanics, who comprise 7 percent of the U.S. population, constitute 14 percent of the AIDS cases.

Fifty-four percent of all AIDS cases under 13 years at the time of diagnosis are black, and 24 percent are Hispanic; thus 78 percent of all children with AIDS are minorities. Among women with AIDS, 52 percent are black, and 19 percent are Hispanic.

Dr. Burton J. Lee, III is a member of the Presidential Commission on the HIV Epidemic. Dr. Lee focused on the budgetary effects of AIDS, saying the indirect costs of AIDS represent 1.2% in 1985 and 2.1% in 1986 of the estimated indirect cost of all illness, and are expected to rise to almost 12% in 1991. He said the media could help educate people about the myths regarding AIDS and the precautions to take to avoid contracting the disease.

Dr. Margaret C. Heagarty, Director of Pediatrics, Harlem Hospital, described the devastating effects which AIDS and cocaine are having in Harlem. She stated that the number of children with the HIV virus treated by Harlem Hospital has tripled in the last year to 18 months, and that cocaine-related violence has greatly increased.

Mr. J. Michael Quinlan, Director, Federal Bureau of Prisons, addressed the Bureau's policies with regard to inmates with AIDS. He stated, "Inmates who have tested positive for the HIV antibody but who have no disease symptoms are 'mainstreamed' by continuing them in the normal prison environment; however, only medical personnel and other key personnel are made aware of positive results on a 'need-to-know' basis."

According to Mr. Quinlan, the cost of treating an AIDS patient in prison ranges from $50,000 to $120,000 per case. Moreover, expectations for the future are not hopeful. Director Quinlan told the Members of the Select Committee that the two most compelling problems facing the Bureau of Prisons in the next several years are the impact of population increases on an already strained system and the alarming potential for increases of HIV infection.

Former Congressman George Hansen related his experiences in Federal prison, stressing the need for inmates to be very careful to avoid coming in contact with the blood or body fluids of other prisoners who may have the AIDS virus. Specifically, he stated that AIDS cannot only be spread through the sharing of contaminated needles and through sexual contact, but that the spread of AIDS is

promoted by the use of common razors by inmates on which blood of an AIDS victim may be present.

Mr. Hansen said that inmates must request the results of an AIDS test, which has been given them. Results of AIDS tests are not automatically given out to the individuals tested. He suggested that this policy be changed.

Mr. Anthony P. Travisono is the Executive Director of the American Correctional Association, the professional association of corrections officers. He stated, "There is growing nationwide concern among correctional professionals and Federal, State, and local criminal justice officials regarding a proper criminal justice response to the extremely complex problem of AIDS. Correctional professionals at this time do not see a correctional reason for mass (AIDS) testing (of inmates). The number of AIDS cases in correctional institutions has increased, although at a slower rate than in the United States at large."

Dr. Lorraine Hale, the Executive Director of Hale House, focused on AIDS among women and children and stressed the need for local communities to mobilize to deal effectively with the problem of AIDS. She stated that 52% of women who have AIDS are IV drug abusers, while another 23% are the sexual partners of IV drug abusers.

Dr. Hale remarked that babies are the innocent victims of AIDS. She told us that the creation of Hale House and Hale's Cradle are examples of the Black community in Harlem recognizing a problem and organizing to deal with it. The purpose of these homes is to provide care for infants with AIDS outside of a hospital.

The final participant at the workshop was Dr. Lawrence Brown, Vice President, Research and Medical Affairs, Addiction Research and Treatment Corporation. He called it a "travesty" that once a person tests positive for the AIDS virus, he may be denied admission to a treatment program. He said it was very important to have accurate, high-quality AIDS testing. He expressed amazement at the unwillingness of the American medical system to invest in more community treatment facilities.

RECOMMENDATIONS

1. H.R. 3292, Intravenous Substance Abuse and AIDS Prevention Act of 1987, sponsored by Chairman Rangel, and other Select Committee Members Gilman, Akaka, Fascell, Fauntroy, Guarini, Rodino, Stark, Towns, and Traficant should be enacted as soon as possible.

While not the focal point of the workshop, H.R. 3292, would address many of the concerns expressed by participants at the workshop. It would provide $400 million dollars for the establishment of grants programs for treatment services for intravenous drug abusers, for demonstration projects to reduce or prevent the incidence of AIDS in infants and to provide support to infants who have such infections, and for projects directed toward preventing AIDS among intravenous substance abusers. H.R. 3292 is currently pending in the Committee on Energy and Commerce, Subcommittee on Health and the Environment.

2. More treatment facilities must be opened and properly staffed to treat AIDS victims. Treatment should include emotional support for the families of AIDS victims.

3. Research into the causes, modes of transmission, and treatment modalities of AIDS must continue. Because it is such a serious threat to the public health, AIDS research should be exempt from budget cuts.

4. Accurate, factual AIDS public education efforts must continue by the Government, the medical profession, and the media.

COCAINE BABIES (OCTOBER 16, 1987)

Witnesses:

Panel 1

Dr. Brian D. Udell, Director, Newborn Intensive Care Unit, Broward General Medical Center.

Dr. Miles E. Wilson, Sunlife Obstetrics-Gynecological Services, Inc., Broward General Medical Center.

Esther D. March, R.N., Discharge Planner/Parent Educator, Newborn Intensive Care Unit, Broward General Medical Center.

Panel 2

Myra Lentz Bomba, Deputy Director for District 10 of the Florida Department of Health and Rehabilitative Services.

Patricia Neibel, Executive Director of the Child Protection Team, Broward County.

Ruther M. Carter, Supervisor of Outreach and Adolescent Services, Broward County Alcohol and Drug Abuse Division.

Panel 3

"Sarah," client of the Cocaine Mothers Program at Broward Addiction Rehabilitation Center. (First name identification only, to protect privacy).

Dr. Joseph H. Deatsch, Chairman of the Committee on Substance Abuse, the Florida Medical Association, Inc.

Dr. Harry Haverkos, Chief, Clinical Medicine Branch, Director of Clinical Research, National Institute on Drug Abuse.

Dr. Robert J. Sokol, fellow, American College of Obstetricians and Gynecologists.

Cora Braynon, R.N., Chairman of the Health Professionals Advisory Committee, Member of the Board, Broward Division, South Florida Chapter of the March of Dimes.

Florida Representative Clay Shaw, a member of the Select Committee, called this hearing in order to provide the other members of the committee with a close-up view of the impact the cocaine epidemic is having on the health and welfare of newborn children. The problem of cocaine babies is a relatively new phenomenon that has not gotten a significant amount of attention from the Congress.

A disturbing number of mothers-to-be are using illegal narcotics during their pregnancy and, often during the early stages of that pregnancy, are effecting severe and sometimes fatal damage on the unborn child as a direct result of their drug use. The witnesses' presentations during nearly five hours of testimony ranged from

case studies to statistical analyses to the theoretical examination of a variety of issues and questions regarding cocaine use and pregnancy. Although many of the presentations were region-specific, they provided an accurate reflection of the national problem of substance abuse and pregnancy.

An overriding theme during the hearing was that cocaine-addicted mothers often see their infants born with an array of abnormalities and diseases, from cerebral hemorrhages to neurologic complications to deformities to cerebral palsy and mental retardation. And in many cases, the children themselves inherit the very same substance addiction that plagued the mother.

In addition to Representative Shaw, Committee Chairman Charles B. Rangel, Ranking Republican Ben Gilman, and Representative Tom Lewis were all in attendance and participated in the examination of witnesses. In nearly five hours of exhaustive testimony that included frank and open exchanges between members and the witnesses, the committee was able to come away with a substantial amount of information and insight that would not have been obtained otherwise. For the members, it will prove exceptionally beneficial in determining what type of legislative assistance may be needed on the national level.

OPENING REMARKS

Chairman Rangel opened by stating the outrage and shock that many committee members continue to feel about the international drug trafficking problem, especially the fact that much of it continues to be targeted to the United States.

In addressing the state of the drug problem, Chairman Rangel mentioned that the supply of illegal narcotics has infiltrated the United States to the point that it has seriously disrupted our country's law enforcement and has retarded the functioning of society as a whole.

In addressing the reasons for the hearing, Chairman Rangel stated that committee members should be even more outraged to know now that serious health problems for newborns—America's resource for the future—now join the growing list of social ills that are directly and indirectly affected by drug trafficking and drug abuse in America. The subject of this hearing represents a particularly perverse aspect of the American drug problem because its victims are innocent bystanders who become victims through no fault of their own.

The Chairman challenged spiritual leaders as well as fellow politicians and legislators to involve themselves in finding an answer to this tragic set of circumstances. The Chairman suggested that more community leaders of this ilk take time out to tour the hospital wards themselves, that they might be spurred to action.

The Chairman also reiterated his long-standing concern, as well as that of many other committee members, that the United States blindly continues to provide economic and military assistance to the drug-producing nations and continues to hold back on committing sufficient resources to drug education programs aimed mainly at America's youth. The issue of cocaine babies is almost exclusively a problem of young mothers.

Representative Shaw told the panel that the emergence of problems with cocaine babies is a further signal that the time is now for stepped up efforts in law enforcement, and on the diplomatic front, such as the cutting off or the cutting back of U.S. foreign aid to those countries that have been identified as drug-producing. Representative Shaw also called for additional focus on the educational aspect of solving the American drug problem.

Ranking Republican Representative Ben Gilman pointed out in his opening remarks that the amount of drug trafficking in the United States currently exceeds $140 billion. Another $200 billion in crime and health costs is also estimated as a result of the pervasive drug problem in the United States. One major U.S. employer, General Motors, reported in 1986 that drug-related health costs for its employees alone was about $600 million. The educational and developmental costs for just one youngster born with cocaine-inflicted abnormalities or illnesses could exceed $100,000 annually.

Representative Lewis added that it would be a good idea to bring some of the cocaine users and prospective parents into the hospital wards and neo-natal clinics for a first-hand look at the damage drug use can inflict on newborns.

SUMMARY OF PANEL 1

The highlight of the testimony offered during this initial phase came from the lead-off witness, Dr. Udell, who shared with the committee the rapid growth in the number of so-called "cocaine babies" he has noticed in his work in recent years. Dr. Udell pointed out to the committee that a little over two years ago, babies with cocaine-related problems were a rarity in his practice experience. About a year ago, they began showing up at the rate of 5 percent, and now, Dr. Udell estimates that figure to be around 20 percent.

Dr. Udell recommended that society find a way to protect children from abuse and neglect once they are discharged from the newborn intensive care units. He also suggested that families with cocaine problems be offered counseling services, and that greater emphasis be placed on education programs and on making pre-natal care more accessible and dignified to attract those women needing such assistance to come forward.

Congenital problems associated with maternal cocaine use usually occur within the first three to five months of pregnancy, affecting such things as the extremities, the heart, the kidneys, and other organs of the developing fetus, Dr. Udell explained to the committee. It is during this period that drug-related problems could lead to spontaneous abortions, while in the latter stages of pregnancy, there is a likelihood that such problems will produce what is called an in utero death, or it could lead to a growth-retarded child who will be susceptible to the Sudden Infant Death Syndrome.

Dr. Wilson added that the problem in treating cocaine-using mothers-to-be is that they almost always ignore pre-natal care that is available, and, in the cases where they obtain the necessary care, they ignore medical recommendations for conducting their pregnancies. Dr. Wilson ably communicated to the committee the frus-

tration and futility on the part of physicians who deal with pregnant women who also happen to be cocaine abusers.

Dr. Wilson recommends that prevention and rehabilitation efforts be stepped up. In terms of prevention, he suggests that further efforts be made to stem the flow of drugs into the U.S., as well as more attention be paid to the socio-economic factors that lead people to drug abuse in the first place.

Ms. March expressed to the committee during her testimony her concerns that newborns from the neo-natal unit are being allowed in great numbers to return to unstable, risky environments, allowing for the dilution of any or all progress that may have been made in the neo-natal unit. Her feeling is that continued cocaine addiction on the part of parents could quite likely result in these parents taking care of their drug needs first as opposed to the needs of the child. Generally, the home environment of a cocaine baby is quite likely plagued by inadequate housing, poor education and lack of finances as well as the drug addiction.

One astonishing case cited by Ms. March along these lines involved a mother who recently gave birth and was discovered during a follow-up visit to be using drugs at her home just days after the baby's birth. The baby, meanwhile lay in a neonatal unit getting treatment for problems associated with the mother's addiction during the pregnancy. Authorities allowed the child to return to the environment, however, after a second field visit just a few days later, when no drug use was observed.

SUMMARY OF PANEL 2

The problem of cocaine-addicted babies has become so pervasive in Florida, especially in Broward County, that the Florida Department of Health and Rehabilitation Services has implemented a new policy designed to identify, report and make provisions for needed follow-up of cocaine- and alcohol-affected babies, Ms. Bomba told the panel at the hearing. Although it is strictly a Florida policy, at least the Narcotics Committee is aware of it and the policy could become the foundation for some type of similar national legislative remedy.

Ms. Bomba further explained that about 400 referrals were made under the new policy in the first six months, with the largest number of them coming from Broward General Hospital. Of the 400, a total of 164 involved mothers identified as having a history of substance abuse. Program officials said only 65 of these newborns received some sort of prenatal care, and 28 were further referred because of the appearance of neglect and abuse.

Under questioning by members, it was unclear from Ms. Bomba whether the state had substituted funding for drug programs with federal monies, or whether the monies were, instead, as the Omnibus Anti-Drug Abuse Act of 1986 intended, a mix of existing state monies and new federal dollars. That issue was of particular concern to members who attended this hearing and is a critical matter in the overall implementation of the Anti-Drug Abuse Act, an issue that probably never would have come to the attention of members without benefit of this field hearing.

The final witness on the second panel was a young mother and former "crack" user named Sarah. Her full name was not given to protect her privacy.

In dramatic testimony, Sarah described to the Select Committee members that she was so desperate for crack cocaine that she often sold valuables and duped friends just to get her hands on the drug so that she could satisfy her addiction. This testimony provided the members with a fresh perspective on the problem. The fact that the hearing was held in the field played an important role in Sarah's willingness to offer such personal testimony. It is quite possible that she may have been reluctant to participate in such a fashion were the hearing held before a full panel in Washington.

Describing herself as literate, of average educational background, and as being the product of a solid family background, Sarah told the panel that she sought outpatient help for her addiction, but was turned away because of inadequate program space. That portion of her testimony went straight to the heart of what some Select Committee members have been getting at in looking at the drug abuse problem—whether or not treatment services should be expanded and whether such a move would have a noticeable, positive effect on the overall drug problem.

During the time she was indulging in drugs heavily, Sarah said she gave little thought to the health of her unborn child, as is customary with mothers of cocaine babies. Now that the child has been born, Sarah worries constantly about the baby's long-term health prospects as a result of her addiction, another important consideration for members as they seek to address the problem of cocaine babies.

Most of Sarah's testimony was of her own personal experience with drugs and being pregnant at the same time, but it allowed committee members to gain valuable insight into the thought processes and the plight of cocaine-using mothers-to-be. Such valuable testimony may prove to be in the end among the most important information the Select Committee receives in its investigation of cocaine babies.

SUMMARY OF PANEL 3

The witnesses during this session of the hearing brought an entirely new, yet extremely relevant, set of concerns to members of the committee. As with the previous panels, much of the information dealt with region-specific data, but it will be more than helpful in providing answers for committee members as they seek to further investigate this tragic problem.

Dr. Deatsch told committee members that the problem with treatment for pregnant women abusing drugs mirrors the problem with the drug abuse menace in society as a whole. Backing up the American Medical Association, Dr. Deatsch emphasized that drug addiction, like alcoholism, is considered a disease and should be treated as such. America has an epidemic on its hands with the drug crisis, but the problem is not being addressed as have other medical epidemics society has dealt with, contrary to the so-called "Medical model," Dr. Deatsch told the panel, in encouraging law-

makers to view the creation of solutions from the perspective of curing a disease, not just punishing a crime.

As did others on this panel, Dr. Deatsch stressed the need for more and better coordinated drug abuse education for members of the practicing medical community, not only for dealing with pregnant women abusing drugs, but other categories of drug abusers in society as well.

An interesting line of discussion on this topic developed from testimony provided by Ms. Braynon, of the March of Dimes, Broward Division. She expressed to members a concern that many pregnant drug abusers shy away from any sort of help that is available because of the fear that it will eventually lead to prosecution, and asked lawmakers to consider this as a factor in any legislative remedies they attempt.

A longstanding concern of the Chairman has been the effect that the drug crisis is having on America's young generation. The committee, through sponsoring the hearing, was able to benefit enormously from information provided by Dr. Haverkos of NIDA that there is some linkage between drug use and teen pregnancy. It is not at all unusual that young teenage women become impregnated accidentally in attempts to support their drug habits through the trading of sex. Some of these women are the very same ones who experience problem pregnancies due to cocaine use and a reluctance to seek out prenatal care, Dr. Haverkos pointed out in his testimony.

CONCLUSION

The members who participated in this field hearing all left Fort Lauderdale with a new, yet utterly disturbing, piece to fit into America's depressing drug abuse puzzle. After years of focusing mainly on such issues as international smuggling, production and U.S. strategy in the so-called war on drugs, especially as it relates to the widespread abuse of cocaine in this country, members were presented with a clear and compelling picture that the problems of cocaine babies is real and critical.

Without the benefit of this field hearing, the Select Committee may not ever have been able to realize so clearly and convincingly that the war on drugs in America is really a war to save this country's future. Cocaine has as its victims millions of young Americans, but lawmakers now know from the Florida hearing that cocaine has its innocent victims as well—babies who, through no fault of their own, are born with a myriad of physical and psychological problems related to cocaine use by the mother during pregnancy.

There is little doubt that the tragedy of young babies and their cocaine-addicted mothers will always be etched in the forefront of the minds of members of the Select Committee on Narcotics Abuse and Control as it continues its work toward a drug-free America.

Agency Meetings and Briefings

Throughout the year, as part of their oversight responsibility, Committee Members and staff met with Administration officials on

the entire range of narcotics activities and were briefed by agency staff on new narcotics abuse and control initiatives.

Chairman Rangel and Congressman Gilman met with Dr. Donald Ian Macdonald, in his new capacity as Director of the White House Drug Abuse Policy Office on February 3, 1987. Dr. Macdonald replaced Dr. Carlton E. Turner in this position, while retaining his position as Director of the Alcohol, Drug Abuse and Mental Health Administration.

On February 11, 1987, staff of the State Department's Bureau of International Narcotics Matters briefed Select Committee Members and staff on the narcotics control agreement being negotiated with Bolivia.

The U.S. Ambassador to Colombia, Charles A. Gillespie, Jr., met with Chairman Rangel and Congressman Gilman during several brief visits to Washington during the course of the year. Because of the extremely important role narcotics control plays in U.S.-Colombian bilateral relations, Ambassador Gillespie keeps the Committee updated on the narcotics control situation in that country.

On February 23, key staff of the Department of Education briefed Committee staff on their recent publication, "Schools Without Drugs". They also informed the Committee of progress under the Anti-Drug Abuse Act of 1986.

Dr. Michael Walsh of the National Institute on Drug Abuse met with staff on March 4 to discuss Federal policy on drug testing.

Staff of the National Narcotics Border Interdiction System briefed the Committee on interdiction activities on April 7. The Committee was particularly interested in learning how the various agencies with interdiction responsibilities are coordinating their efforts.

Chairman Rangel and Congressman Gilman met with Attorney General Edwin Meese III in his capacity as the Chairman of the National Drug Policy Board on April 8 to discuss Federal drug policy coordination. This meeting was followed up by a meeting with Assistant Attorney General John R. Bolton on May 6.

On April 29, Major General Stephen Olmstead briefed Members and staff on progress made by the Department of Defense Drug Abuse Task Force. He met again with Committee staff on November 5 for an updated progress report.

Following her appointment as the Executive Director of the White House Conference on Drug Abuse, Lois Herrington met with Committee Members to outline her plans for the conference which was mandated by the Anti-Drug Abuse Act of 1986.

On June 24, the General Accounting Office briefed the Chairman, Ranking Minority Member and staff on the preliminary findings of their study on efficacy of the State Department's Bureau of International Narcotics Matters programs in Mexico. This briefing was followed by a joint briefing by DEA and INM on the same subject.

On October 7, U.S. Ambassador to Mexico, Charles J. Pilliod, met with the Chairman and Ranking Minority Member to discuss narcotics control cooperation with Mexico. In particular, they discussed a section of the Anti-Drug Abuse Act of 1986, which called for the formation of a U.S.-Mexican Intergovernmental Commission on Narcotics.

On that same afternoon, they met with Michael Skol, desk officer for the Andean Region at the State Department to discuss progress in coca control in that area.

On November 17, the Chairman and Ranking Minority Member met with Ambassador Illanes of Bolivia. They discussed the sanctions imposed upon Bolivia for not complying with the recently signed bilateral narcotics control agreement and the proposed stipulations for aid to Bolivia in the pending Foreign Assistance Act.

On November 18, Committee Members were invited to meet with Attorney General Ed Meese in his capacity as Chairman of the National Drug Policy Board to discuss the Federal drug strategy for the coming year.

On December 10, Assistant Secretary of State for International Narcotics Matters, Ann Wrobleski, met with the Chairman and Ranking Minority Member to discuss the formation of the U.S.-Mexican Intergovernmental Commission on Narcotics.

INTERNATIONAL ACTIVITIES

United Nations Commission on Narcotic Drugs (February 2–11, 1987)

The United Nations Commission on Narcotic Drugs (CND) is a functional commission of the Economic and Social Council of the United Nations, and is the main U.N. policy-making body for international drug control. Since 1969, it has met biennially in regular sessions, and in special sessions in intervening years, to provide a continuous review of the global situation in regard to the international control of drugs of abuse.

Representative Gilman submitted a paper on the global dimensions of narcotics trafficking and drug abuse before the 32nd Session of the CND, which was held on February 2–11, 1987, in Vienna, Austria. He discussed the ruthlessness of the drug traffickers in undermining the political, economic and social institutions of nations throughout the world. He also outlined the comprehensive Anti-Drug Abuse Act of 1986 (P.L. 99–570) passed by the U.S. Congress that authorized nearly $3 billion over a three-year period for enhanced U.S. anti-drug efforts. He urged member nations of the United Nations to contribute to the United Nations Fund for Drug Abuse Control (UNFDAC), or in the alternative, to increase their contributions to the Fund. Created in 1971, UNFDAC, which develops drug abuse control programs in developing nations, is financed through voluntary contributions of nations of the international community. In 1986, 60 nations contributed a meager $16,970,338 to the UN Drug Fund, or an average of less than $283,000 per nation for a global effort to combat drug trafficking and drug abuse.

Andean Parliament, Paipa, Colombia (March 13–16, 1987)

From March 13 to 16, 1987, at the request of the Speaker of the House of Representatives, the Honorable Jim Wright, Charles B. Rangel, Chairman of the Select Committee on Narcotics Abuse and Control, and Ranking Minority Member Benjamin A. Gilman participated in the Sixth Semi-Annual Session of the Andean Parliament.

The Parliament consists of delegations of the leadership of the legislatures of each of the five Andean countries: Bolivia, Colombia, Ecuador, Peru and Venezuela. Each of the five Member countries in the Andean Parliament is affected by the drug trade.

The Andes region is the source of all the cocaine consumed in the world. Coca leaf has traditionally been cultivated in Bolivia and Peru. As an illicit market developed, some cultivation also began in Colombia, and Colombia became a major processor of cocaine.

As cocaine trafficking and abuse have further escalated around the world, coca cultivation increased within those countries and spread to neighboring countries as well. Now Ecuador and, most recently, Venezuela also grow significant quantities of coca leaf. There is also limited cultivation in neighboring Brazil and Panama.

Accompanying the coca leaf cultivation is the proliferation of clandestine cocaine processing laboratories. These laboratories are also pervasive in all five Andean countries.

The U.S. delegation attended meetings of the Narcotics Commission and the Political and International Affairs Commission of the Andean Parliament in Paipa, Colombia, on March 14, 1987.

The illegal trafficking of cocaine has become a serious common problem in the Andean region. The delegation was impressed by the recognition on the part of the Andean Parliamentarians that drug trafficking and drug abuse are problems that transcend national borders, and will require regional answers. They have recognized that in order to combat narcotics trafficking and abuse, the international community will have to band together and devise collective, international solutions.

The delegation was encouraged by the willingness of the Andean nations to attempt to forge a regional strategy to combat the drug problem. The Andean legislators discussed the drafting of uniform laws and efforts to prevent drug usage in their own countries as elements of their regional plan. We look forward to the results of their efforts. The deliberations of the Andean Parliamentarians sought regional initiatives to combat this deadly drug problem that is undermining democratic institutions in the Americas.

Following the formal parliamentary sessions, members of the delegation met with the heads of national legislatures from Colombia, Bolivia and Ecuador and the Executive Director of the Andean Parliament, Ambassador Milos Alcalay of Venezuela.

In the evening, the delegation met with Vice President Julio Garett Aillon of Bolivia, to discuss the pending U.S. drug assistance program for that country.

On Sunday, March 15, the delegation returned to Bogota.

A tour of the Colombian National Police Air Base was conducted for members of the delegation. The air base was modeled after the Mexico City facility of the Mexican Attorney General's Airwing. The unit has 20 helicopters and 14 fixed wing aircraft. There are 34 trained helicopter pilots and 26 fixed wing aircraft pilots assigned to the operation. The unit reported that from 1984 through 1986, they eradicated 20,032 hectares of marijuana by aerial spraying.

As of that time, no coca leaf spraying had been conducted. The appropriate chemical herbicide has not been indentified. The delegation was informed that there was an American manufactured herbicide which would be effective, but environmental liability concerns had prevented its use at that point.

The delegation had discussions with U.S. Embassy and DEA personnel concerning the situation in Colombia. Drug enforcement activity in Colombia was at a dangerously low point. The Government of Colombia was paralyzed in its efforts to respond effectively to the drug trafficking organizations.

Fear and intimidation tactics have rendered the Colombian criminal justice system unable to prosecute major drug traffickers in civilian courts. Over 30 judges have been assassinated. The wives and children of judges, and public officials have also been the targets of narco-terrorist attacks.

The legislature had responded with a "state of siege" law allowing the prosecution of drug traffickers in military courts, but the Colombian Supreme Court struck it down as unconstitutional.

Extradition to the United States and prosecution in the United States was the threat drug traffickers feared most. Yet, the Colombian Supreme Court had declared void the resolution implementing the extradition treaty with the United States.

There was little progress on the drug enforcement and eradication effort in Colombia in 1986. Although the marijuana eradication campaign destroyed 9,700 hectares in 1986, coca eradication continues to be nonexistent.

Moreover, since January 1, 1987, only 4 cocaine processing labs had been destroyed, although many more were identified. Arrests of major figures in the drug trafficking organizations were rarely made.

The bilateral United States-Colombian narcotics control efforts were at a standstill. The drug trafficking organizations had declared war on Colombia and were engaged in an all out effort employing fear, violence, and intimidation to permanently prevent the Government of Colombia from moving against them. This grave situation is a fatal threat to the survival of Democratic government in Colombia as well as to the other Andean nations where the traffickers hold sway.

On Monday, March 16, the delegation met with Mrs. Barco, the First Lady, who had commenced a crusade to educate young people on the dangers of drugs. The delegation also discussed Mrs. Barco's "child survival" program which provides child care and nutrition to 2 million children in impoverished Colombian neighborhoods.

Following that meeting, the delegation met with Colombian President Vergilio Barco Vargas, Minister of Government Fernando Cepeda and Foreign Minister Julio Lando.

Chairman Rangel and Congressman Gilman presented the President with a framed copy of the recently passed Congressional Resolution commending the dedication of the Colombian Government in fighting drugs and the courage of those who have lost their lives in this battle.

The President explained to the delegation the technical and legal difficulties which have put into question Colombia's validation of the 1979 extradition treaty with the United States. The treaty had

been signed by Mr. Barco in 1979 when he served as the Colombian Ambassador to the United States. The enabling law was approved by a vote of both houses of the Colombian Parliament. They found the treaty to be "correct and technically perfect". The enabling law, however, was signed by the Acting President, the Minister of Interior, as the President was out of the country at the time.

The Supreme Court ruled on December 12, 1986, that the treaty was invalid because the President had not signed the enabling legislation. President Barco signed it again on December 13, 1986.

President Barco explained that, while the Supreme Court might rule the 1986 signature of the President invalid because of the long time lapse, he intended to pursue other tools to permit extradition of narcotics traffickers. Colombia has two existing extradition treaties with the United States, one from 1888 and the more recent from 1940. In addition, the multi-lateral Rio de Janeiro Accords of 1933 would provide a basis for extradition. None of these, however, are as useful as the extradition treaty of 1979 for the extradition of narcotics traffickers.

President Barco recognized the extreme importance of finding a solution to the narcotics problem. The activities of the narco-traffickers threaten to destroy democracy in Colombia. The President stressed the need to provide improved conditions for the peasant population through development, such as providing roads, water, social help, telephones, primary schools and medical care.

Delegation participants then met with members of the Colombian press. They were extremely impressed by the willingness and dedication of the press to expose and spotlight the heinous activities and crimes committed by the drug traffickers. While the government has been rendered relatively helpless by the drug traffickers acts of terrorism, especially the constant attacks on the criminal justice system, the press has taken it upon themselves to wage war against the drug traffickers by educating the people.

They noted that Guillermo Cano, the editor of El Espectador, a large Bogota newspaper, had worked hard to expose the diabolic nature of the narcotics trafficking groups. As a result, he was gunned down on December 17, 1986, as he left his newspaper office. The press planned a nationwide newspaper attack on the activities of Colombia's drug lords for the day following the delegation's departure.

The delegation was pleased to learn that the dedicated men and women of Colombia's press had recognized that silent acceptance of the drug traffickers activities would lead ultimately to a loss of all liberty and democracy in Colombia. Aware of the dangers that they face in exposing the ruthless activities of the drug traffickers, they see a united population and government against these activities as the only way to combat the drug traffickers.

The delegation commended them for their courage and lent their support.

RECOMMENDATIONS

1. It is clear that the economic health of the drug producing nations is directly linked to their ability to successfully fight the drug trafficking organizations. We must cooperate with these nations in

developing mutually beneficial trade and economic assistance programs.

2. The activities of the narcotics traffickers pose a clear and present danger to the entire Western Hemisphere. President Barco and other Andean leaders have discussed calling a summit of the Andean Presidents to discuss the narco-terrorist threat. We encouraged President Barco in this effort. We believe, however, that the summit should be taken one step further.

We urge President Reagan to expand this effort to include all of North and South America to join in this initiative. The President of the United States needs to sit down and work with the Andean leaders as friends and neighbors.

Because of the seriousness of the situation, the United States and the nations of Latin America must stop debating who is at fault for the drug problem, i.e. producer or consumer nations. Instead, as the leaders of the Western Hemisphere, they should map out a strategy, a cooperative effort to win the war currently being waged against all of us by the drug traffickers.

OAS Breakfast Meeting (April 23, 1987)

On April 23, 1987, the Select Committee met with representatives of the Organization of American States (OAS) to discuss the mission and objective of the OAS' new abuse control initiative, the Inter-American Drug Abuse Control Commission (CICAD).

In attendance at the breakfast meeting were:

The Honorable H.E. Joao Clemente Baena Soares, Secretary-General, OAS.

The Honorable Richard T. McCormack, United States Ambassador to the OAS.

The Honorable Val T. McComie, Assistant Secretary-General, OAS.

Harry Belevan McBride, Chief of Staff, OAS.

Dr. Alfonso Soler Mantilla, Colombia, Chairman of CICAD

Dr. Lucio Galarza, Peru, Vice Chairman of CICAD

Dr. Irving Tragen, Executive Secretary of CICAD

The Honorable Paula Hawkins, Chief United States Delegate to CICAD.

The Honorable Ann Wrobleski, Assistant Secretary of State for International Narcotics Matters.

Caroline M. Casselman, Advisor to the Secretary-General, OAS.

Anna Chisman, Staff Specialist, CICAD

The CICAD was installed in Washington by the OAS on April 21, 1987. The CICAD was established in late 1986 by the OAS General Assembly as an autonomous agency within the OAS charged with implementing and coordinating an Inter-American plan of action against drug abuse and drug trafficking.

The CICAD program calls for measures to curb production, trafficking and consumption of illicit drugs. Among areas the CICAD will work and discuss with members of the Select Committee are:

Support for a research and training center for the Caribbean in the Bahamas.

Support for the Center on Narcotic Drugs at Simon Bolivar University, Sucre, Bolivia.

Mobilizing private voluntary contributions for the prevention of drug abuse.

Drafting of model conventions and uniform laws for more effective drug enforcement in the Americas.

Creation of experimental centers to the treatment and rehabilitation of youth addicted to drugs.

Development of a joint OAS-South American Accord on Narcotic Drugs and Psychotropic Substances Training Programs.

Mobilizing support for criminal prosecutions by member states.

Development of a standardized statistical system on drug abuse and drug trafficking for the Inter-America region.

Department of State Narcotics Coordinators Conference (May 4, 1987)

The Department of State brings together its narcotics coordinators for a global conference to assess the drug trafficking situation. On May 4th, Representatives Benjamin Gilman and Larry Smith participated on the Conference's panel on Congressional Attitudes and Activities that discussed the congressional perspective on narcotics trafficking and congressional drug-related initiatives. The recently enacted Anti-Drug Abuse Act of 1986 (P.L. 99-570) was extensively discussed by the Members and Conference participants.

United Nations International Conference on Drug Abuse and Illicit Drug Trafficking, Vienna, Austria (June 17-26, 1987)

Chairman Rangel and Ranking Minority Member Gilman were appointed by House Speaker Jim Wright to serve as congressional representatives on the U.S. Delegation to the United Nations International Conference on Drug Abuse and Illicit Drug Trafficking. The conference was held in Vienna, Austria, June 17-26, 1987.

The U.S. delegation was headed by Attorney General Edwin Meese III, and included high ranking Administration officials with drug abuse prevention and control responsibilities.

The purpose of the conference was twofold. First, to have a broad international discussion of the dangers of drug abuse and drug trafficking. Second, to draft and approve a Comprehensive Multidisciplinary Outline (CMO) of future activities in drug abuse control. The CMO was drafted by the U.N. Commission on Narcotics Drugs for final approval at the Vienna conferences. Not intended to be a legal document or treaty, the CMO is viewed as a guideline with ideas and recommendations for steps that can be taken by the member-states of the world community to control, drug abuse and drug trafficking.

The recommendations contained in the CMO are not prioritized, but each country may choose its own course of action depending on its particular economic, political, and cultural circumstances. The CMO calls for actions in the following areas: prevention and reduction of the illicit demand for illicit drugs and psychotropic substances; control of drug supplies; suppression of illicit trafficking; and treatment and rehabilitation.

While at Vienna, Mr. Rangel and Mr. Gilman played active roles as members of the U.S. delegation. In addition to participating in

the discussions at the plenary sessions of the conference, they held separate meetings and discussions with delegations from the Andean Nations and the Mexican delegation. The Chairman and Mr. Gilman also had a series of meetings with the heads of the United Nations narcotics control agencies: Dr. Giuseppe di Gennaro, Executive Director, the United Nations Fund for Drug Abuse Control (UNFDAC); Dr. Ramos-Galino, Director, the United Nations Division of Narcotic Drugs (DND); and Dr. Abdelaziz Bahi, Secretary, International Narcotics Control Board (INCB).

27th Annual Mexico-United States Interparliamentary Conference, Cancun, Mexico (June 26–29, 1987)

The 27th Mexico-United States Interparliamentary Conference was held in Cancun, Mexico on June 26–29, 1987. The U.S. Delegation was led by Representative Kika de la Garza and Senator Christopher Dodd and consisted of Senator Mikulski, Representatives Yatron, Rangel, Coleman, Udall, Gibbons, George Miller, Lagomarsino, Dreier, DeLay, Gilman, and Inhofe.

Prior to going to Cancun for the official opening of the conference, the delegation went to Mexico City for an address by Mexican President Miguel de la Madrid. President de la Madrid stressed the need for increased bilateral cooperation between our two nations on all issues including drug trafficking.

Chairman Rangel and Ranking Minority Member Gilman presented papers before the Conference's Political Affairs Committee on bilateral efforts to combat drug trafficking and drug abuse. They also discussed the increased production and trafficking of marijuana and heroin in Mexico and the transshipment of cocaine through that nation.

The tone of the narcotics discussion at the meeting was cooperative. Building on the resolution passed at the 26th Interparliamentary Conference held in 1986 in Colorado Springs, which proposed the creation of a Mexico-United States Intergovernmental Commission, the Chairman, Mr. Gilman, and the Mexican legislators with responsibility for narcotics issues all agreed that effective joint measures to combat the drug menace could develop from the full implementation of the commission. It was indicated that the Congress had included creation of the commission in the Anti-Drug Abuse Act of 1986 and that the Congress was waiting for the State Department to move forward on creating the commission.

Through the efforts of Chairmen de la Garza and Dodd and the Chairman and Vice Chairman of the Mexican Delegation, Deputy Nicholas Reynes Berezaluce, and Mexican Deputy David Jimenez Gonzalez, Chairman Rangel and Mr. Gilman were able to formulate a resolution, which urges closer cooperation between Mexico and the United States in drug control matters, adoption of a mutual legal assistance treaty between both nations to facilitate the prosecution of drug trafficking crimes, and for implementation of the intergovernmental commission.

The complete text of the Cancun Resolution is as follows:

27TH MEXICO-UNITED STATES INTERPARLIAMENTARY CONFERENCE

Mexico and the United States recognize and praise the efforts that their governments are making to combat illegal drug trafficking and drug abuse, as well as the work done by Attorneys General Sergio Garcia Ramirez of Mexico and Edwin Meese III of the United States.

The delegations from Mexico and the United States agree to adjust and update their legislation in order to prevent and penalize these illegal acts. They agree to exchange all relevant documents on legislative initiatives, and to go to the core of the issue, i.e., the causes that give rise to this scourge.

The delegates of both nations honor those who, in the line of duty, have lost their lives combatting the drug traffickers.

The delegates recognize that in order to strengthen the fight against international drug trafficking, we must join together in a cooperative, constructive, regional approach to the drug problems.

The delegates urge their governments to finalize an agreement on a mutual legal assistance treaty for the prosecution of drug trafficking crimes.

Both countries reaffirm the agreement adopted at the 26th Mexico-United States Interparliamentary Conference in Colorado Springs, Colorado whereby an intergovernmetnal commission was proposed to consider the efforts made by both governments and to recommend measures to improve those actions presently being implemented to combat international drug traffic, while at the same time respecting the sovereignty of each State.

Briefings by the Agency for International Development (AID), July 14 and July 30, 1987

The Agency for International Development (AID) briefed Committee Members and staff on two occasions concerning their narcotics-related programs. AID is involved in narcotics control insofar as narotics production is a development problem.

Their narcotics control activities are based on the following premises:

In certain countries, narcotics production is in part an economic development problem;

Economic development assistance aimed at providing alternatives to narcotics production requires long-term, multisector, agricultural and rural development assistance;

Interdiction and/or eradication and the sustained enforcement of controls on narcotics cultivation is a sine qua non for the success of a narcotics related development effort;

Enforcement is the primary responsibility of the host governments;

Successful narcotics control efforts clearly depend upon both strong governmental and public commitment; and

Adequate security is an essential condition for successful implementation of *area-targeted* development in narcotics producing areas.

The AID development program for narcotics control has 3 strategies: development, drug awareness, and criminal justice training.

While AID is striving to find crop substitutes for narcotic crops, INM and DEA are trying to drive the price of the raw narcotics down and increase risks for their cultivation. In addition, for communities which cooperate in the host government's anti-narcotics programs, AID assists in such development projects as: infrastructure improvement (rural electrification, community development, etc.), agricultural/forestry production, agribusiness development/marketing, project administration, assistance for drug education, sanitation programs, creation of training centers for technical and agricultural training, and improved roads.

AID also has a series of narcotics awareness programs in the following narcotics producing countries: Peru, Ecuador, Bolivia, Belize, Jamaica, Pakistan, and Thailand.

AID has made a grant to the International Criminal Investigative Training Assistance Program, which trains judicial, prosecutorial and law enforcement officials. In addition, AID has provided special training assistance and equipment for judicial protection in Colombia. AID also financially supports the U.N. Latin American Institute for the Prevention of Crime and Treatment of Offenders (ILANUD).

Study Mission to the Netherlands, France, Portugal, Morocco, Nigeria and Italy (August 8–22, 1987)

From August 8–22, 1987, a delegation of the Select Committee on Narcotics Abuse and Control, headed by the Committee Chairman, The Honorable Charles B. Rangel of New York, conducted a six-nation study mission to Europe and Africa.

In addition to the Committee Chairman the delegation included the following members:

The Honorable Benjamin A. Gilman of New York, Ranking Minority Member of the Committee
The Honorable Frank J. Guarini of New Jersey
The Honorable William J. Hughes of New Jersey
The Honorable Edolphus Towns of New York
The Honorable Lawrence Coughlin of Pennsylvania
The Honorable Ted Weiss of New York
The Honorable Sander M. Levin of Michigan
The Honorable Henry A. Waxman of California
The Honorable Matthew Rinaldo of New Jersey

The purpose of the mission was to study the problems of international narcotics trafficking and drug abuse and to review the domestic and international efforts to address these problems by the governments of the nations visited. The status of U.S. bilateral efforts with these countries was a special interest to the delegation.

The countries visited included the Netherlands, France, Portugal, Morocco, Nigeria and Italy. All are being used by international drug traffickers to further their illicit activity. For most, heroin and/or cocaine are the most important drugs being trafficked. Morocco is a significant country in the international traffic of hashish. None of the countries visited, except Morocco, is an illicit drug producer for the international drug traffic. Morocco is a significant source country for cannabis—marijuana, or "rif" as it is called in

Morocco, primarily for domestic consumption, and hashish or "chira" for export.

In the countries visited the delegation met with law enforcement and health officials to discuss common concerns about the grave threat posed by narcotics trafficking and abuse and the need for effective international cooperation to counter this menace.

In Paris, the Committee received a briefing at INTERPOL on the worldwide narcotics situation. This briefing, unfortunately, presented stark evidence of a worldwide increase in drug trafficking and abuse and the extremely deleterious consequences of illicit drug traffic and abuse on governments and peoples around the world.

A highlight of the delegation's study mission was a special audience with His Holiness John Paul II at Castel Gandolfo outside Rome.

The delegation also discussed with foreign officials their concern about the transmission of AIDS by intravenous drug abuse. The members were pleased to see that the Netherlands, France and Portugal in particular had all undertaken public information initiatives aimed to preventing the spread of AIDS by IV drug use.

The Committee had very productive and informative meetings in the countries visited. We have seen how vulnerable countries in Europe and Africa are to international narcotics traffic. The levels of trafficking vary from country to country, but all the countries we have visited face a serious and growing narcotics threat. The sharp increase in cocaine traffic in Europe threatens that continent with a cocaine epidemic similar to what we in the United States have experienced. The delegation urged the governments of those countries to act before they are engulfed in cocaine.

The Committee was encouraged by the efforts that countries are making with limited resources to combat international drug-trafficking but much remains to be done. In meetings with foreign officials, the delegation stressed that as Members of Congress they stand ready to give whatever technical assistance possible to help friends and allies avoid the mistakes made in the United States.

Members of the delegation also emphasized a number of major findings that have emerged from the Select Committee's extensive investigations of drug trafficking and abuse, both in the United States and throughout the world.

First, drug trafficking is an international problem and the nations of the world must join together as partners to combat it before it consumes the hard-earned rights citizens should enjoy.

Second, wherever our select committee has seen drug-trafficking become established, eventually we have seen drug abuse. The illicit drug trade is so dangerous that the President of the United States has declared it a threat to our country's national security.

Third, where drug-trafficking has been allowed to flourish unchecked, we have seen public officials corrupted and those who sought to enforce laws against trafficking assassinated.

Fourth, the fight against drugs must be waged against both the supply and the demand. Nations must meet their international obligations to eradicate illicit narcotics crops. They also have to protect their borders against drug smuggling and punish swiftly drug traffickers who threaten their national security.

Fifth, and most important, the nations of the world must educate their citizens—and especially their youth—as to the dangers of drug abuse. Prevention of drug abuse through public awareness is one of the strongest weapons against drugs.

In their meetings with host country officials as well as U.S. Embassy personnel, delegation participants provided information on the historic new law enacted by Congress in 1986 to fight all aspects of the drug abuse problem. This bipartisan effort, the Anti-Drug Abuse Act of 1986, authorizes nearly $3 billion in new Federal funds over 3 years and provides other tools to strengthen international narcotics control, to enhance drug interdiction, to improve domestic drug enforcement, to increase drug abuse treatment and to establish drug education programs in our nation's schools.

This law represents the commitment of the American people to wage a continuing struggle against drug abuse and drug trafficking.

Highlights of the Committee's visit to each country follow:

The Netherlands

The Netherlands has grown as a major transshipment point for heroin destined to the U.S. and Europe, and cocaine destined for all of Europe. This is evidenced by sharp increases in the number and size of heroin and cocaine seizures at the Port of Rotterdam and Amsterdam's Schiphol Airport. In 1986, the Dutch seized more heroin than any other country in the world.

The Dutch recognize the seriousness of illicit drug traffic. They are committed to vigilant international and domestic enforcement efforts, but are hampered by a lack of resources. Drug law enforcement is not centralized, as the Dutch are opposed to a national police agency. Therefore, narcotics law enforcement is fragmented among 150 local police agencies with limited coordination from the Ministry of Justice's National Narcotics Unit (NNU).

The Dutch view drug abuse as part of the overall problem of substance abuse (including alcohol and tobacco), not a special health problem nor an enforcement problem. As a result, the government places a high priority on treatment, while drug prevention and education efforts are restrained. The delegation urged preventive efforts against heroin and cocaine abuse.

The Dutch government is very concerned about AIDS and has undertaken an aggressive and explict prevention campaign aimed at drug abusers and prostitutes.

France

France is a transshipment nation for heroin and hashish destined to the United States and Western Europe. South American cocaine is transited through France to other Western European nations.

Paris, Marseille, Nice and Le Havre represent major trafficking centers. From 1984–86, French law enforcement authorities seized 823 kilos of opium-morphine-heroin, 476 kilos of cocaine, and nearly 27 tons of cannabis (marijuana and hashish). According to the International Criminal Police Organization (Interpol), crack has appeared in significant quantities in France and in the Federal

Republic of Germany. There are also reports that heroin from Southwest and Southeast Asia is being exchanged for cocaine.

Drug-related issues are not a top priority on the Embassy's agenda. Embassy staff told the delegation that drug-related issues rank number eight or nine on a list of ten priorities.

Heroin and cocaine addiction is increasing in France, but there is little statistical data to indicate the magnitude of the drug problem. Embassy personnel estimate that there are approximately 25,000 heroin addicts. Other sources estimate that between 80,000 and 120,000 individuals are heroin addicts.

DEA, which has a total of six agents in France, four of whom operate out of Paris and two out of Marseille, is understaffed and underfunded. The agents are responsible for all of France and several former French African colonies: Algeria, Chad, Ivory Coast, Mauritania, Western Sahara, and Tunisia. Obviously there are too few agents to cover such extensive territory. For example, there has been no DEA presence in Morocco since 1982, when that responsibility was transferred to the DEA office in Egypt. In 1986, the DEA Paris Office took over the responsibility and visited Morocco to establish contacts with their local counterparts. DEA's budget for its operations in France and in Africa amounts to $250,000.

Portugal

Although drug problems in Portugal are still at manageable levels, both drug trafficking and drug abuse are increasing and will rapidly grow out of control unless swift and effective countermeasures are taken.

Portugal is extremely vulnerable to international drug traffic. Its borders are relatively open, and as a new member of the European Economic Community (EEC), border controls are being relaxed even further. Portugal's excellent commercial air connections with cocaine source countries in South America have facilitated Portugal's use as a significant cocaine transit country. Portugal is also the leading country in Europe in the traffic of heroin from Southeast Asia (SEA). Significant quantities of Southwest Asian (SWA) heroin transit Portugal, as does hashish.

Portuguese officials recognize the gravity of the situation confronting them. They are determined to do all they can to stem Portugal's role in international drug traffic and prevent the abuse of illegal drugs by their people. The Committee commends Portuguese officials for their determination to act before they are engulfed in cocaine and heroin.

Notwithstanding the commitment of the Portuguese Government, public awareness of drug problems in Portugal is not great at this time. Portugal's efforts to interdict drug smuggling and enforce drug laws are hampered by a lack of coordination, personnel, funding, equipment, training, and experience in sophisticated drug investigation techniques. Drug abuse treatment facilities are very limited.

Morocco

The principal drug problem in Morocco is its production of cannabis (marijuana, or "kif"; and hashish, or "chira") in the isolated northeastern area of Morocco known as the Rif mountains. The Rif

region is a politically sensitive area, populated by dissident and sometimes rebellious Berber farmers. The Central Government of Morocco wields little power in that part of the country.

The government minimizes Morocco's role as a producer of cannabis and does not see the need for any aerial surveys to assess accurately the areas and amounts of illicit crop cultivation. The government officially condemns illicit cannabis production, but is wary of strictly enforcing its laws without having a bona fide alternative for the dissident farmers that rely upon this cash crop.

There is also some evidence that Morocco is used as a transit point for cocaine from Latin America destined for Europe and for heroin from Asia destined for Europe and the U.S.

Nearly three-quarters of the cannabis produced in Morocco is consumed domestically, but there are no reliable statistics on drug abuse. Reportedly, some cocaine is abused among the young, urban elite, but is not widespread.

Nigeria

Nigeria is emerging as a major heroin transit center. Heroin is smuggled to Nigeria from India and Pakistan, ultimately destined for points in Europe and North America. Numerous arrests have been made in the United States, Canada and Western Europe of Nigerian drug traffickers who are basically couriers.

The American Embassy Mission in Lagos is urging the Government of Nigeria to take drug enforcement measures to stem this tide of trafficking. Ambassador Lyman has placed the drug issue high on the embassy's agenda.

For its part, the Government of Nigeria is making great efforts to reduce drug trafficking, but these efforts are hampered by a lack of coordination and inadequate resources. The business community is taking a very active role in raising the level of public consciousness and providing public service announcements. Finally, in spite of very clear problems, the Nigerian Government stresses its determination to eliminate the problem of drug trafficking and seeks closer cooperation with the United States and other governments in suppressing the international drug traffic through Nigeria.

Italy

U.S.-Italian cooperation in narcotics control is excellent. The bilateral working group on narcotics and organized crime which was formed in 1983 was enhanced in 1986 to include a subcommittee designed to strengthen investigative and legal tools for the prosecution of narcotics trafficking criminals.

The heroin-pizza case in New York City and the Maxi-trial in Palermo, Italy, (with 474 indictments), are outstanding examples of fruitful narcotics control cooperation. The combination of these two major cases has made an impact in Italy and the United States on organized crime operations, including drug trafficking activities.

The delegation was pleased at the international leadership role Italy has taken with a $300 million, five-year contribution to the United Nations Fund for Drug Abuse Control. The funds are to be used for a coca suppression-crop substitution project in the Andes. The Select Committee encourages Italy to work with the U.S. gov-

ernment in this area, rather than having separate programs in Latin America.

The major drugs of abuse in Italy are hashish, heroin and cocaine. Intravenous (IV) heroin addiction has risen dramatically in the past fifteen years, from an estimated 20,000 to an estimated 200,000. IV-drug abuse is the primary mode of AIDS transmission in Italy. Out of the 870 AIDS cases (as of July 30, 1987), 501 victims were IV-drug users. An additional 39 were both IV-drug users and homosexual, and 42 children were born with AIDS to IV-drug using parents.

One of the highlights of the entire mission was the delegation's visit to Castel Gandolfo for a private audience with the pope. The need for a worldwide effort on every level of society to stop the abuse of drugs was discussed.

European Parliament (September 25–28, 1987)

Representative Gilman participated in the 29th meeting between Members of Congress and Members of the European Parliament that was held in Seattle, Washington, on September 25–28, 1987. In his paper on narcotics trafficking and the drug abuse epidemic, Mr. Gilman urged Members of the European Parliament to develop a regional drug strategy, backed by resources to effectively implement that strategy. He further urged the Parliament to develop a mechanism to monitor the drug situation, especially in Europe which is being inundated by a tidal wave of Southwest and Southeast Asian heroin and South American cocaine.

Western Hemispheric Inter-Parliamentary Drug Conference, Caracas, Venezuela (November 9–13, 1987)

Representative James H. Scheuer and Ranking Minority Member Benjamin A. Gilman were appointed respectively by Speaker Jim Wright and Republican Leader Robert Michel to represent the Congress at the Inter-Parliamentary Conference on Drug Abuse and Illicit Trafficking in the Western Hemisphere that was held in Caracas, Venezuela on November 9–13, 1987. Parliamentarians from 25 nations of the Western Hemisphere participated in the deliberations of the Conference, along with parliamentary observers from outside the Hemisphere and representatives from several international organizations.

Recorded votes and other legislative responsibilities prevented Representatives Scheuer and Gilman from attending the entire conference and legislators from Panama, Peru, Brazil and Mexico criticized the late arrival of the U.S. delegation. Mexico also denounced alleged "interventionist intentions" behind United States calls for international cooperation against drugs.

During the Conference deliberations, Representative Gilman emphasized the need for international cooperation to combat the drug traffickers; Representative Scheuer rebuked those nations at the Conference who resorted to anti-U.S. name calling, which the U.S. delegation asserted is counter-productive in waging war against the traffickers.

The U.S. delegation's request for a seat on the Drafting Committee was rejected by the Inter-Parliamentary Union (IPU) Secretary General Pierre Cornillion.

The U.S. delegation met privately with representatives of the Andean Parliament to discuss a proposed United States-Andean Nations anti-drug summit and with General Jose "Marchena" Acosta, Commander of the Venezuelan National Guard, to discuss regional efforts to combat the illicit production and trafficking of drugs. The United States and Venezuela recently signed an agreement under which the United States would provide $2,050,000 to help Venezuela eliminate the illicit production, processing, trafficking and consumption of narcotics within its borders.

According to a State Department reporting cable, there was considerable haggling over nearly all of the 64 points in the Conference's draft declaration and recommendations. The final declaration and recommendations that were approved by the Conference differed so drastically from the draft submitted for approval that IPU Secretary General Cornillion took the materials to Geneva (the headquarters of the IPU) to reconstruct a final version of the Conference's deliberations. A copy of the final text is on file at the Narcotics Select Committee's office. Among other items, the Conference considered the illicit trafficking of drugs to be "an offense against humanity and an international crime."

Meetings with International Officials

Select Committee Members and staff frequently meet with foreign officials to discuss international narcotics cooperation and control. In addition to official visitors, foreign drug education, treatment, and law enforcement professionals request to meet with Members or staff to discuss these issues. The following is a list of some of the many meetings held by Members and staff with foreign visitors:

Members:

Ambassador Arnaz Marker from Pakistan (March 3).
S.K. Mahmood, Secretary of the Interior, Pakistan (March 10).
Francisco Zapeta, Minister of Government, Colombia (March 10).
Multi-regional Community Drug Prevention Program (March 12)
10 journalists from S. America and Caribbean (March 31).
Pakistani legislators (April 8).
Saudi Arabian Counsel (April 9).
Bolivian Officials (April 28).
Peruvian Officials (April 29).
Officials of Netherlands Antilles (May 6).
Giuseppe di Gennaro, Executive Director of the United Nations Fund for Drug Abuse Control (May 13).
"Administration of Justice Group" (Colombia) (May 28).
Attorney General of Panama (June 2).
Mexican Legislators (June 4).
Directors General of Peruvian National Policy and of Peruvian Narcotics (June 10)
Mexican Ambassador Jorge Espinoza (July 20, 29 and September 16).

Vladimar Gessen, Venezuelan legislator (July 22).
Ambassador Ahmadu, Nigeria (July 28).
Jamaican Foreign Minister Hugh Sharer (July 28).
Mexican Legislators (September 16).
Kenyan Law Enforcement Officials (September 23).
Peruvian delegation (October 1).
Minister of Justice and Minister of National Security, Jamaica (October 1).
President Kanunda, Zambia, re: AIDS (October 5).
Ambassador Fernando Illanes, Bolivia (October 7 and November 17).
Nigerian Minister of Justice Prince Ajibola (November 3).
Gilbert Sheinbaud, Director, Colombo Plan (November 5).

Staff:

Michele Jankanish, Editor, Quality of Work Qualitative Digest, Geneva, Switzerland (January 9).
Professor Guido Neppi, Italy (January 23).
Mr. Melic and Mr. Joseph, Singapore (February 10).
Thai Drug Education Group (February 10).
Swedish Legislators (July 7).
Yugoslavian Delegation (August 11).
Belgian Treatment Professionals (August 20).
Italian Education, Prevention and Juvenile Justice Professionals (August 21).
Professors Amin and Hassin, Israel (September 14).
Egyptian Treatment and Prevention Professionals (September 22).
USIA visitors from Latin America (September 23).
Mr. Serge Abraham, Ms. Francoise Allen, Mr. Jacques Thesee, Haiti (September 30).
Italian Drug Treatment Professionals (October 2).

Activities in Support of Legislative Initiatives

Federal funding for drug abuse programs

The bipartisan omnibus Anti-Drug Abuse Act of 1986 (P.L. 99-570) demonstrated the commitment of the Congress to raise the budgetary priority accorded to drug fighting efforts. For 1987, the bill provided an additional $1.7 billion, increasing the Federal Government's annual anti-drug spending from approximately $2.3 billion to $4.0 billion.

In signing the Anti-Drug Abuse Act on October 27, 1986, the President appeared to embrace this expanded Federal effort. He said the bill reflected, "the total commitment of the American people and their government to fight the evil of drugs," and he vowed the Government would fight drugs, "with more ferocity than ever before."

Just over two months later, however, the President's 1988 budget request to the Congress proposed deep reductions for anti-drug programs totaling nearly $1 billion or 25 per cent. Many of the cuts were recommended for programs authorized in the omnibus drug bill. For example:

—The President's budget proposed to eliminate the State and Local Narcotics Control Assistance Program in 1988. Funded at $225 million for 1987, this program is intended to enhance State and local drug enforcement capabilities. The program is authorized through 1989.

—Funds for drug abuse education programs were slashed in half from $200 million in 1987 to $100 million in 1988. The 1988 request was $150 million below the amount authorized by Congress in the Anti-Drug Abuse Act. This program, too, is authorized through 1989.

—No additional funds were requested for 1988 to maintain the expanded drug abuse treatment, prevention and research initiatives authorized in the Anti-Drug Abuse Act. Rather, the President's budget proposed that funds provided for these purposes under the 1986 Act be used to support programs in both 1987 and 1988.

—At $495 million, the 1988 request for the Alcohol, Drug Abuse and Mental Health Services Block Grant was $14 million below the 1987 level.

—A total of 1988 positions were eliminated from the Customs Service under the Administration's 1988 request. This was more than double the 996 positions Congress added to the Customs Service in 1987, the bulk of which were for drug enforcement related activities.

—The 1988 request of $86 million for the Customs Air Program—a critical link in our interdiction effort—was half of the 1987 funding level of $171 million. The Administration also proposed to defer until 1988 the spending of $32 million provided for the air interdiction program in 1987. These proposals jeopardized the development of C3I facilities to effectively coordinate air interdiction activities, the deployment of upgraded radar on C–12 drug surveillance aircraft, and the maximum operation of E–2C and other aircraft to track airborne drug smugglers.

—At $98.8 million the 1988 proposed funding level for international narcotics control efforts by the State Department's Bureau of International Narcotics Matters was nearly $20 million below the 1987 funding provided by Congress.

—The Anti-Drug Abuse Act of 1986 also included about $350 million for one-time purchases of new equipment to close some of the wide gaps in our border defenses against drug smuggling. While it was not necessary to request these funds again in 1988, the President's budget included no requests to further strengthen drug interdiction resources.

The President's 1988 budget did include about $70 million in requested increases for drug enforcement activities by the Justice Department.

On January 7, 1987, the Select Committee held a press conference to decry the Administration's proposed cuts in anti-drug funding. Chairman Rangel said, "These actions by the Administration seriously call into question their commitment to an effective national drug abuse strategy." He called upon the President to restore funding for drug programs to at least the levels authorized in the Anti-Drug Abuse Act. Ranking Minority Member Gilman said

he found it, "appalling that the Administration is attempting to reduce the funding that is urgently needed to effectively wage war against the drug traffickers." Other Select Committee Members participating in the press conference, including Mr. Scheuer, Mr. Akaka, Mr. Guarini, Mr. Fauntroy, Mr. Hughes and Mr. Coughlin, also criticized the Administration's proposed drug funding cuts.

On February 11, 1987, Mr. Rangel and Mr. Gilman testified before the House Committee on the Budget, which was holding hearings on the fiscal year 1988 congressional budget resolution. Both urged the Budget Committee to reject the Administration's proposed cuts for anti-drug efforts and to include in the 1988 budget resolution full funding for the programs authorized in the Anti-Drug Abuse Act of 1986.

The budget resolution passed by the House in April 1987, as well as the budget compromise reached with the Senate in June, assumed full funding of Federal drug programs at 1987 levels or better. In floor statements submitted on the House and conference budget resolutions, Chairman Rangel noted that the spending targets they contained were more than adequate to permit continued full funding of the initiatives begun in the Anti-Drug Abuse Act, and he urged Congress to give these programs the high priority they deserved in the consideration of appropriations measures.

CHAIRMAN RANGEL AND CONGRESSMAN GILMAN TESTIFY IN SUPPORT OF H.R. 1411, TO INCREASE STATE AND LOCAL NARCOTICS LAW ENFORCEMENT ASSISTANCE

On April 1, 1987, Chairman Charles B. Rangel and Ranking Minority Member Benjamin A. Gilman testified before the House Judiciary Committee, Crime Subcommittee in support of H.R. 1411. The bill, which is sponsored by Congressman Rangel and cosponsored by Congressman Gilman, would increase the sums authorized to be appropriated for drug law enforcement programs for fiscal years 1988 and 1989.

The Anti-Drug Abuse Act of 1986 authorized to be appropriated $230 million each for fiscal years 1987, 1988, and 1989 for State and local narcotics control assistance. Two-hundred-twenty-five million dollars was actually appropriated for this program by the Congress in fiscal year 1987. This was a compromise figure agreed to during the deliberations which led to passage of the bill. However, because the Reagan Administration believes narcotics enforcement is a local responsibility, not a Federal obligation, it zero-funded this program for fiscal years 1988 and 1989 when it submitted President Reagan's fiscal year 1988 budget.

Chairman Rangel had always believed that $230 million was inadequate to do the job, but that this amount was better than no money at all. However, since the Reagan Administration is philosophically opposed to spending any money on this program, Chairman Rangel decided to introduce a bill with sufficient funding to substantially improve narcotics law enforcement by State and local governments.

H.R. 1411 would provide $625 million per year in each of fiscal years 1988 and 1989 for formula grants to States. An additional $50 million would be authorized for a discretionary grants program.

These programs are administered by the Bureau of Justice Assistance.

Under both the Anti-Drug Abuse Act of 1986 and H.R. 1411, the Federal grant cannot comprise more than 75% of the cost of the project, unless the grant is to an Indian tribe in which case the grant may pay for 100% of the project. Chairman Rangel testified that this money was intended to be the start of a partnership among the Federal, State, and local governments.

Chairman Rangel told members of the Crime Subcommittee that this money was needed so that State and local law enforcement personnel who are on the front lines in our nation's drug war will have sufficient manpower, equipment, and resources to fight the battle. He called the asset forfeiture program, under which State and local governments which participate in a narcotics arrest in which money, equipment, or other assets are seized will receive a share in these assets, a "gimmick that our budgetary deficits have pushed us into."

Congressman Gilman testified that the drug war has to be fought on all five fronts: getting to the source, interdicting the supply, enforcing our criminal penalties, reducing demand through education and taking care of the victims through rehabilitation. "After having done all of that and having the President commit himself, to have the Office of Management and Budget decimate this program is abominable, and I don't think we should be choosing any portion of it, but let us get back to the original intent of this bill, to provide the kind of funding that is sorely needed in every front of this battlefield," he said.

Congressman Clay Shaw said that while he supported the $225 million appropriation for State and local narcotics control assistance, he believed that building more prisons and providing money to hire more attorneys for U.S. Attorney's offices should have a higher priority than providing more money to State and local governments for narcotics law enforcement. He also stressed the need to require local governments to provide matching funds to participate in the program.

Congressman William Hughes, the Chairman of the Crime Subcommittee, said that a portion of the local assistance money was to be used for local enforcement agencies to participate in task force operations. Like Congressman Clay Shaw, Congressman Hughes is a member of both the Judiciary Committee and the Select Committee on Narcotics.

Congressman Lamar S. Smith (R-TX) said there was not an infinite amount of money to devote to all the worthy causes needing money, and therefore there was a need to set priorities in dividing up limited funds. Congressman Gilman responded that in preparing the Omnibus Anti-Drug Act there was a great deal of sorting out of priorities that took place.

This concluded the discussion of H.R. 1411.

AIDS LEGISLATION, H.R. 2626 AND H.R. 3292

During 1987, the AIDS (acquired immunodeficiency syndrome) problem aroused both public and Congressional concern. The number of individuals diagnosed with the disease reported to the

Centers for Disease Control reached almost 50,000. Approximately one fourth of these cases were attributable to intravenous drug abuse. Moreover, the majority of AIDS cases among women and children were reported to be associated with IV drug use.

In response to this problem, the Chairman and Ranking Minority Member of the Committee, with many of the Committee Members as cosponsors introduced two pieces of legislation. As of December, 1987, both bills were pending in the House Committee on Energy and Commerce.

H.R. 2626

H.R. 2626, the "Acquired Immunodeficiency Syndrome Education, Information, Risk Reduction, Training, Prevention, Treatment, Care and Research Act of 1987" was introduced on June 8. It provides $550 million for AIDS education and research for fiscal year 1988. H.R. 2626 is a companion bill to S. 1220, which was introduced by Senator Edward Kennedy.

The bill has more than 40 cosponsors. In addition to Mr. Rangel and Mr. Gilman, among the Committee Members who are cosponsors of the bill are: Representatives Guarini, Traficant, Fauntroy, Akaka, Collins, Towns, Fascell, and Rodino.

Specifically, this bill has four purposes. They are:

The dissemination of information to educate all Americans about AIDS, the associated risks, and choices that can be made to protect themselves.

Support for the development of networks of treatment services to meet the complex health and social service needs of AIDS patients cost-effectively.

An expanded, intensified, and AIDS coordinated research program.

An expansion of voluntary testing programs.

Funding provided under the legislation includes:

To support a variety of educational activities, $350 million is provided for each of the fiscal years 1988, 1989, and 1990.

To support international activities, e.g., grants to international organizations to support programs of AIDS education, training, and epidemiological research, funds are authorized to be appropriated as necessary.

To provide grants to public and private entities for the development, establishment, or expansion of a service area of networks of comprehensive medical services for individuals with AIDS or infected with the virus, the bill authorizes $75 million for fiscal year 1988 and sums as may be necessary for each of the fiscal years 1989 and 1990.

For grants to public and private nonprofit entities for counseling services, $25 million for fiscal year 1988 and such sums as may be necessary for each of the fiscal years of 1989 and 1990.

For grants related to support the study of and projects for the demonstration of effective methods to reduce the transmission of AIDS among IV-drug users and to provide treatment to IV-drug users with AIDS, $100 million. Additional funds would be provided for fiscal years 1988 and 1989, as necessary.

The legislation also provides for the creation of a National Acquired Immunodeficiency Syndrome Advisory Board in the National Institutes of Health, composed of 7 appointed members and nonvoting ex officio members. The Board would prepare an annual report. It will terminate on September 30, 1992.

H.R. 3292

The "Intravenous Substance Abuse and AIDS Prevention Act of 1987" was introduced on September 16, with 25 cosponsors. The legislation was announced at a press conference attended by Mr. Rangel, Mr. Gilman, Mr. Guarini, joined by Representative Sander Levin and Dr. Beny Primm, Executive Director of the Addiction Research and Treatment Corporation.

H.R. 3292 provides $400 million for the establishment of grants programs for treatment services for intravenous drug abusers, for demonstration projects to reduce or prevent the incidence of AIDS in infants and to provide support to infants who have such infections, and for projects directed toward preventing AIDS among intravenous substance abusers. The bill has more than 40 cosponsors. In addition to Chairman Rangel and Ranking Minority Member Gilman, Committee Members who are cosponsors include Representatives Akaka, Fascell, Fauntroy, Guarini, Towns, Traficant, Collins, and Levine.

Specifically: The bill authorizes $200 million for the Secretary of Health and Human Services to make grants to public and private non-profit entities to provide treatment services to intravenous substance abusers.

The grants will enable the programs to make available to such abusers, and to their sexual partners, counseling and education services to prevent the transmission of AIDS and testing to determine AIDS infection.

Priority for the services will be given to geographic areas where the incidence of intravenous substance abuse is substantial relative to the incidence in other areas and, simultaneously, the incidence of AIDS infection is relatively substantial. Seventy-five percent of the funding under this section of the Act will be reserved for such areas. Another 25 percent of the funding will be directed toward communities where the incidence of intravenous drug use is substantial and the incidence of AIDS is not, but the development of AIDS may be prevented if sufficient treatment, counseling, and education services are provided to intravenous drug users.

$100 million is authorized for demonstration projects to reduce or prevent the incidence of AIDS infection in infants and to provide support to infants who have such infections.

Priority is to be given to communities where the incidence of infant AIDS infection is substantial and the incidence of AIDS among intravenous drug users is high. Secondary consideration will be given to communities where the incidence of AIDS infection among intravenous substance abusers is substantial.

Services that may be provided under this grant program include:

Prenatal care for women who are intravenous drug users;

Services and financial assistance to parents of children infected with AIDS;

Services and financial assistance to encourage foster care for infants with AIDS;

Counseling, education, and testing services for women who are intravenous drug users and who are pregnant or at risk of becoming pregnant, to prevent the transmission of AIDS; and

Counseling, education, and testing services for women who are the sexual partners of intravenous drug abusers and who are pregnant, or at risk of becoming pregnant, to prevent the transmission of AIDS.

$100 million is provided for grants for projects to prevent the spread of AIDS related to intravenous substance abuse.

Because the minority community is being disproportionately affected by AIDS related to IV-drug abuse, the bill gives preference to programs providing services to minority populations in any geographic area where there is substantial intravenous substance abuse.

Projects funded under this provision would include education and counseling outreach projects for intravenous substance abusers and school-based and mass media efforts.

SENATE TESTIMONY

On September 10, Chairman Rangel testified about the AIDS problem before the Senate Subcommittee on Social Security and Family Policy, Committee on Finance. The subcommittee is chaired by Senator Daniel Patrick Moynihan of New York.

The hearings focused on the AIDS problem, in general, and on S. 24, a bill to amend title II of the Social Security Act to waive, for 5 years, the 24-month waiting period for Medicare eligibility on the basis of a disability in the case of individuals with acquired immunodeficiency syndrome (AIDS). This legislation was introduced in the Senate by Mr. Moynihan. Mr. Rangel is a cosponsor of the House companion bill, H.R. 276.

In his testimony, Mr. Rangel focused on the relationship between AIDS and intravenous drug abuse. He drew attention to the findings of the Select Committee's July 27 hearing on "Pediatric AIDS" which was held at Harlem Hospital in New York City. Specifically, he emphasized the association between the majority of pediatric AIDS cases and intravenous drug abuse.

Mr. Rangel also described for the subcommittee the sad state of the children with AIDS who are being cared for at Harlem Hospital. He indicated that many of these children have been abandoned by their parents. Therefore, in addition to medical care, many of these children will need foster care or home health care.

H.R. 2454, NATIONAL NARCOTICS LEADERSHIP ACT OF 1987

On Monday, May 18, 1987, Chairman Rangel and Ranking Minority Member Gilman introduced H.R. 2454, the National Narcot-

ics Leadership Act of 1987. Forty other Members have cosponsored this legislation including 19 Members of the Select Committee.

This legislation would establish a full-time, cabinet-level official—a so-called "Drug Czar"—to coordinate Federal drug policy development and direct all aspects of Federal anti-drug activities.

In introducing the measure, Chairman Rangel said, "The Federal Government has declared war on drugs, but we cannot fight this war without a general to lead us." Mr. Rangel noted that the President had appointed Attorney General Edwin Meese III to be Chairman of the National Drug Policy Board, but he said that neither the President nor the Attorney General could devote their full energies to drug policy because of their many other responsibilities. "Unfortunately," he said, "there is a strong perception in Congress that no one is in charge of our anti-drug efforts."

Congressman Gilman added: "Combating drug trafficking and drug abuse is a full-time activity requiring a highly qualified, well-respected individual who has access to and support of the President and who can help formulate, coordinate and implement a drug prevention and control strategy. This is too important an issue to be placed on the back-burner of our nation's decisionmaking process and agenda. We need a full-time senior administrator to combat this never ending battle that is jeopardizing the health of our citizens and undermining our societal institutions."

Mr. Rangel emphasized that this legislation is not intended to usurp the authority of the departments and agencies with responsibility for drug control activities. Rather, it is the intent of this legislation to establish in the Executive Branch one official who is responsible, on a full-time basis, for the development, coordination, and implementation of our nation's drug control policies and programs. This official, the Director of National Drug Control Policy, would be charged to establish a long-range comprehensive strategy for combating drug abuse and drug trafficking, to set budgetary and programmatic priorities, to resolve interagency conflicts and to ensure a continuing high-level priority on drug issues within the Executive Branch.

Specifically, the National Narcotics Leadership Act would establish an Office of the Director of National Drug Control Policy in the Executive Office of the President. This office would be headed by a Director who would be assisted by a Deputy Director for Demand Reduction and a Deputy Director for Drug Law Enforcement. The Director and the two deputies would be appointed by the President and subject to Senate confirmation. They could hold no other position in the Federal Government.

The bill gives the Director broad authority to develop and implement Federal drug policy. The Director would have the authority to direct each department or agency with drug control responsibilities to carry out the policies established by the Director "consistent with the general authority of each agency or department." He would have the authority, with the concurrence of the various department heads, to temporarily reassign personnel in order to implement drug policy. He would also be responsible for developing, in concert with other Federal agencies, budgetary priorities and allocations for drug abuse control.

The Director would be required to submit an annual "National and International Drug Control Strategy." This report would contain projections for programs and budget priorities and "realistic and achievable projections for drug seizures, availability, purity, and drug usage for the next five years."

The bill also requires the President to include in his annual budget submission to the Congress a detailed request, in consultation with the Director, for Federal agencies responsible for drug abuse prevention, treatment and law enforcement.

H.R. 2454 has been referred to the House Judiciary Committee. It is very similar to legislation introduced in the Senate (S. 789) by Senate Judiciary Committee Chairman Joseph Biden of Delaware.

H.J. RES. 154, NATIONAL OPERATION PROM/GRADUATION KICKOFF DAY

Each year thousands of teenagers die and others are seriously injured in alcohol and drug-related traffic accidents. Many of these accidents occur during the graduation season, turning joy into tragedy. To reduce the number of accidents and prevent such tragedies, there is a need for increased public awareness and coordinated community programs to address this problem.

For the past four years, the media, business, government, education and grassroots organizations have supported a nationwide campaign to organize drug and alcohol-free activities for graduating students in local communities across the country. Their joint effort is called "Operation Prom/Graduation."

To make this year's effort even more successful, Mr. Rangel and Mr. Gilman introduced H.J. Res. 154, designating March 11, 1987 "National Operation Prom/Graduation Kickoff Day". This date was to mark the beginning of planning for substance-free commencement activities nationwide. Across the country at the State and local level, governors and mayors were to issue similar proclamations in support of this public education program.

H. CON. RES. 74, EXPRESSING THE APPRECIATION OF CONGRESS REGARDING COLOMBIA'S EFFORTS TO COMBAT DRUG TRAFFICKING AND DRUG ABUSE

Representatives Gilman, Rangel, and Dornan introduced H. Con. Res. 74, expressing the appreciation of the Congress to President Virgilio Barco and the people of Colombia for their efforts to combat drug trafficking and drug abuse. Specifically, the resolution commends Colombia for its determination and courage in apprehending Carlos Lehder and extraditing him to the United States. Lehder is reported to be one of the world's foremost cocaine drug kings and a leading member of the infamous Medellin Cartel, which is reported to control over 80% of the cocaine smuggled into the United States. The resolution recognizes the difficulties of the Government of Colombia in reaching the decision to extradite Lehder to the United States and commends President Barco for his courage. It also urges the Government of Colombia to continue its efforts to extinguish the illicit production and trafficking of drugs originating in that nation, to make a renewed effort to prosecute narcotics growers and traffickers and to continue to extradite to the United States those accused of drug-related crimes. The resolu-

tion reaffirms Congress' intention to work with the Government of Colombia to combat drug trafficking and drug abuse from both nations.

Through the efforts of Mr. Gilman, Mr. Dornan, Mr. Smith and the Chairman and Ranking Minority Member of the Foreign Affairs Subcommittee on Western Hemisphere Affairs, respectively, Mr. Crockett and Mr. Lagomarsino, the solution was approved by the Foreign Affairs Committee. It passed the House on June 5, 1987.

H.R. 3753, ASSISTANT ATTORNEY GENERAL FOR STATE AND LOCAL LAW ENFORCEMENT MATTERS

In the 100th Congress, Chairman Charles B. Rangel introduced 3 bills specifically targeted to enhance drug law enforcement efforts. H.R. 1411 would increase funding for State and Local Narcotics Control Assistance to a total of $675 million each in fiscal years 1988 and 1989. Under Public Law 99–570 only $225 million was provided for this program in fiscal years 1987, 1988, and 1989. Because cocaine, heroin, marijuana and other drugs are cheaper in price and more readily available than ever, Chairman Rangel introduced H.R. 1411 to provide sufficient funding to mount a frontal assault against drug traffickers.

Another frequently voiced complaint of people involved in the drug war is that there is no one individual who is responsible for managing the Federal effort on a full-time basis. Chairman Rangel introduced H.R. 2454, The National Narcotics Leadership Act, to provide for appointment of a single individual within the Executive Office of the President to manage the Federal effort against drugs on a full-time, daily basis.

H.R. 3753, a bill to authorize the appointment of an Assistant Attorney General for State and Local Law Enforcement Matters is a logical extension of H.R. 1411 and H.R. 2454. The rationale behind the bill is to give State and local officials involved in fighting the drug war a greater say in devising and implementing Federal anti-drug abuse policies. To ensure that this objective is accomplished, H.R. 3753 mandates the creation within the Department of Justice of another Assistant Attorney General position. The duties of this Attorney General would be to serve as an ombudsman between the Federal Administration in power in Washington and State and local narcotics enforcement officials around the country. The bill specifically requires that the Director of the Bureau of Justice Assistance report to the Attorney General through the Assistant Attorney General for State and Local Law Enforcement Matters. It would be the job of the new Assistant Attorney General for State and Local Law Enforcement Matters to see that the concerns and suggestions of State and local officials were taken into consideration when Federal anti-drug abuse policy was being set.

Specifically, the new Assistant Attorney General would focus his efforts on criminal and civil forfeiture actions involving State and local law enforcement agencies, and State and local law enforcement task force programs carried out with agencies of the Department of Justice. He would also provide staff support to coordinate the activities of the Bureau of Justice Assistance, and perform such

other duties as may be vested by law in the Assistant Attorney General for State and Local Law Enforcement Matters.

H.R. 3753 is presently pending in the House Committee on the Judiciary. The bill is cosponsored by Congressmen Benjamin A. Gilman, Fortney H. "Pete" Stark, James H. Scheuer, Daniel K. Akaka, Frank J. Guarini, Dante B. Fascell, Walter E. Fauntroy, Edolphus "Ed" Towns and James A. Traficant, Jr.

Special Activities

MAYOR'S CONFERENCE ON AIDS

On October 18–19, 1987, Chairman Rangel and Mr. Gilman co-hosted the "Mayor's Conference on AIDS" with Mayor Edward I. Koch of New York City. The conference brought together mayors and local chief executives from across the country to discuss the impact of the AIDS epidemic on cities and localities.

The 1987 meeting was the second such conference convened in New York. The 1986 meeting focused on the drug crisis in the nation and facilitated the mobilization of State and local support for the omnibus drug bill then pending in the Congress.

As part of the conference, Mr. Rangel chaired a panel on AIDS and IV drug use, and related problems including pediatric AIDS. The panelists included:

Dr. Burton J. Lee, III, Member, Presidential Commission on the HIV Epidemic.

Don Des Jarlias, Ph.D., Coordinator for AIDS Research, New York State Division of Substance Abuse Services.

Joyce Jackson, Director, Community Support Services Unit/ AIDS Program, New Jersey State Department of Health.

Dr. Elaine Abrams, Pediatrician, Department of Pediatrics, Harlem Hospital.

The conferees voted on a series of resolutions on the AIDS problem. The resolutions addressed health care, education, housing, prevention, AIDS testing, and the special needs of minority communities. A resolution on intravenous drug abuse and AIDS specifically urged the Congress to enact H.R. 3292, the "Intravenous Substance Abuse and AIDS Prevention Act of 1987." The resolutions are to be sent for further action to the U.S. Conference of Mayors, the U.S. League of Cities, and the National Association of Counties.

PRESIDENT'S COMMISSION ON THE HIV EPIDEMIC

The Select Committee has worked closely with the President's Commission on the HIV Epidemic from its inception. The Committee was instrumental in bringing to the attention of the Commission the significant association between AIDS and IV drug use and the consequent need to address the IV drug use problem in order to control the AIDS epidemic. The Committee has provided the Commission with the testimony from the Committee's three hearings on AIDS as well as additional resources and information.

On September 2, 1987, Chairman Rangel participated in a site visit by the Presidential Commission on the HIV epidemic to several AIDS care facilities in New York City Included among the sites,

was Hale House, which is located in Harlem and cares for children who are the victims of parental drug abuse and AIDS.

The President's Commission held a hearing on September 30th at which House and Senate Chairmen and Ranking Minority Members of legislative committees were asked to testify about the AIDS problem. As the Chairman and Ranking Minority Member of the Select Committee, Mr. Rangel and Mr. Gilman testified. Both Mr. Rangel and Mr. Gilman emphasized the need to address the IV drug use problem—to increase drug treatment, prevention, education, as well as enforcement and international anti-narcotics effort—as part of the fight against the spread of AIDS.

After the reorganization of the Commission, Mr. Rangel met with the new chairman, Admiral James Watkins. At the October 27 meeting, Mr. Rangel again drew attention to the link between AIDS and IV drug use.

On December 17, the Commission held a hearing specifically on the relationship between intravenous drug abuse and AIDS. Mr. Rangel submitted a written statement to the Commission and Mr. Gilman testified, representing the Select Committee. Again, both emphasized that to combat the AIDS epidemic effectively, drug abuse treatment must be available to all who seek it. Moreover, every effort must be made to ensure that information about the risk of AIDS and IV drug use is communicated effectively in communities where there is a high incidence of intravenous drug use. Finally, the special problem of pediatric AIDS, clearly linked to parental IV drug use in most cases, must be addressed. This includes: appropriate medical and social services for the children presently afflicted with the disease, additional foster care, assistance to parents and foster parents caring for these children, and AIDS and drug abuse prevention programs directed especially toward women in their child-bearing years who are drug users or the sexual partners of drug users.

CONTRA DRUG SMUGGLING

During the early months of 1987, allegations that the Nicaraguan Contras and many supplying them with arms and other materials were involved in drug trafficking resurfaced in a number of highly publicized news reports. It also was alleged that Federal officials had ignored, acquiesced in, or in some cases actively assisted, drug smuggling activities carried out in connection with Contra resupply efforts.

In response to these allegations, the Select Committee received many letters, phone calls, and petitions calling for an investigation of alleged drug running by the Contras.

Many of these allegations were made by convicted drug traffickers whose credibility was suspect. Federal agencies also maintained that no evidence existed of systematic drug smuggling by the Contras, although the State Department had acknowledged in 1986 that some elements in the Contra movement had been involved in the past in drug smuggling.

Nonetheless, the renewed allegations, if true, raised serious and disturbing questions about U.S. support for the Contras. The possibility of official U.S. complicity in drug smuggling tied to clandestine Contra resupply operations raised another issue of grave con-

cern to Committee members—whether the Federal Government had compromised drug control efforts and deliberately allowed drug traffickers to continue poisoning our youth in the name of a "higher" foreign policy mission?

The Select Committee conducted two executive session briefings to review these allegations on May 28 and July 21, 1987. On May 28, the Committee met with representatives of the Customs Service. The DEA and the CIA declined requests to appear. On July 21, the Committee heard from representatives of the National Security Archive, the International Center for Development Policy and the Christic Institute. These briefings were closed as a precaution against names coming out that could unfairly damage or jeopardize the individuals involved or endanger ongoing investigations.

Following the July 21 briefing, the Committee held a press conference. While avoiding specific details of the evidence and information received by the Committee, Chairman Rangel acknowledged that the Committee had not received any evidence that would show the Contra leadership was involved in drug smuggling. Subsequently, some press accounts erroneously reported that the Committee had found no evidence linking the Contras to drug smuggling. The Committee reached no such conclusion. Rather, even though some Committee members sharply disputed the charges of Contra drug smuggling and U.S. complicity in such activity, the Committee unanimously agreed that further congressional investigation of the allegations was needed. Of particular concern to many members were those charges that known drug traffickers were engaged in U.S. efforts to resupply the Contras and that U.S. agencies may have deliberately ignored or possibly even aided drug smuggling carried out in connection with Contra resupply missions.

Chairman Rangel announced that the Select Committee had agreed to turn over all the material the Committee had gathered to the House Judiciary Subcommittee on Crime chaired by Rep. William Hughes of New Jersey who also serves on the Select Committee. Mr. Rangel noted that the Crime Subcommittee had been conducting an extensive investigation of alleged Contra drug smuggling and related allegations. He said Select Committee members had agreed to cooperate in any way possible to further the Crime panel's inquiry. Mr. Hughes added that the information presented to the Committee at the briefing included many of the same unsubstantiated charges which had already appeared in the press. He said these allegations needed to be checked out carefully to determine if they had merit, and he briefly outlined some aspects of his subcommittee's ongoing investigation.

The Select Committee subsequently transferred copies of all its files concerning alleged Contra drug smuggling to the Crime Subcommittee.

MEMBER SERVICES

The Select Committee made a wide variety of materials and resources on various aspects of the drug problem available to Members of Congress in 1987 during the 100th Congress. Throughout

the year, individual staffers as well as Committee members made themselves available for consultation and information about drug policy issues.

The Select Committee continued to make a special effort at periodically updating all Members on trends and changes on the drug front. One mechanism used to achieve this objective was the dissemination by the Select Committee of a series of "Dear Colleague" letters on developing topics, from the growing incidence of AIDS through intravenous drug use to the "Crack" cocaine crisis to foreign trafficking information. Copies of studies and reports were also distributed to Member offices.

Because of the pronounced interest in drug issues during 1987, the Select Committee handled a noticeably larger number of individual requests from Members for information for their constituents and for speeches. Quite often, packets were assembled on drug topics that Members were either being interviewed on or speaking about.

More than any other single issue, Members sought information on the Anti-Drug Abuse Act of 1986. The bill summary developed by the Committee shortly after the enactment of the law remained a popular item in 1987, as many congressional offices referred to Select Committee staff for answers about the workings and about the progress of the omnibus drug bill and for answers about how specific provisions of the bill related to their own areas of the country.

As an extension of its services to Members, the Select Committee sponsored in 1987 for the first time a briefing on drug issues for all new Members of Congress. The new Members' briefing was reflective of the fact that narcotics was rapidly becoming a major campaign issue in many districts.

It became obvious through the frequency of requests received last year, from Members and their constituents, that Americans on average became more aware of and more concerned about the drug problem in 1987.

MAJOR CITY SURVEY CONCERNING 1986 DRUG ARRESTS AND SEIZURES

During 1987, the Select Committee on Narcotics Abuse and Control completed a survey of 39 major cities, concerning arrests and seizures, to determine the severity of the drug problem throughout the United States. The statistics gathered demonstrated that, despite some recent assertions to the contrary, the drug problem has reached epidemic proportions.

The Select Committee made the following findings: The most arrests in the thirty-nine cities studied for 1986 were for cocaine sale or possession, with 51,462 arrests (including cocaine and its derivative, "crack"). Second was marijuana, with 34,191. Third was heroin, with 16,543. There were 12,158 arrests for all other illegal or illegally obtained drugs combined, including lysergic acid diethylamide (LSD), phencyclidine (PCP), methadone, valium, talwin, dilaudid, codeine, oxycodone/percodan, and other prescription and non-prescription drugs.

Reported quantities seized included 59 tons of marijuana, 16,769 pounds of cocaine/crack, and 482 pounds of heroin.

The reported figures reflect only a portion of the number of drug related arrests and seizures made in the cities surveyed, because some of the cities provided only the data which indicated the arrests and seizures made by members of their narcotics branches, rather than the police department as a whole.

According to survey responses, marijuana is still the number one illegal drug of abuse, its popularity has greatly diminished since the introduction of crack on the drug scene. Many past traffickers of marijuana are now peddling crack, which is fast becoming the drug of choice. Heroin traffic and use remain an extreme threat with a reported 600,000 known addicts in the United States. In addition, heroin is growing in popularity among users of crack according to the Committee's conversations with police departments. Narcotics investigators after interviewing crack dealers and users who had been arrested, discovered that heroin, a depressant, is being used in conjunction with crack to stabilize the intense high it creates.

The cost to society, as well as to individuals engaged in the abuse of drugs, is enormous. In many cities throughout the nation, a majority of all arrests are drug related. Additionally, the Federal Centers for Disease Control report that, for 1986, 25% of all U.S. cases of the deadly disease AIDS, involved intravenous drug use.

This national survey is a "Numbers don't lie" response to those who would eliminate or cut anti-drug programs. Our commitment must stand to help educate our youth to stop using drugs, to eradicate illicit narcotics in source foreign countries, to enforce the drug laws here at home, and to treat those individuals for whom prevention is a step too late.

MEDICAID FRAUD AND UNETHICAL PRACTICES BY NEW YORK PHYSICIANS

During 1987, the Select Committee on Narcotics Abuse and Control continued its investigation into the unethical practices and medicaid abuse by corrupt New York physicians and pharmacists, to determine the severity of the problem, and initiate the necessary actions through responsible agencies to stem the pilferage of the medicaid system.

The Select Committee's findings were as follows:

1. Medical clinics, commonly referred to as "pill mills", operated by doctors who were designated to provide medical care, services, and supplies to medicaid recipients, had become popular hangouts for addicts, because of the drug trafficking activity generated by some medicaid recipients;

2. Doctors were writing prescriptions for amounts of a drug which far exceeded the amount a doctor would normally prescribe, given the same set of medical circumstances; or issuing prescriptions for controlled substances that are unnecessary and as a result, these prescription drugs were entering the illicit market;

3. The involved physicians were substituting different drugs for those actually prescribed, or substituting cheaper generic drugs for the brand names;

4. Doctors operating these involved medical clinics were giving medicaid recipients cursory medical examinations at best;

5. Medicaid cards were being bought and sold on the black market.

On the basis of its findings during 1986, and 1987, Chairman Rangel recommended that, (1) medicaid's identification card system be updated to include a photograph of the recipient; (2) the provider categories qualified by the medicaid program be streamlined to alleviate chances for abuse; (3) the American Medical Association's Prescription Abuse Data Synthesis Process be reviewed for its possible application in dealing with the misconduct of New York physicians; (4) the criminal laws of New York State be strengthened to effect the prosecution of corrupt doctors who abuse their privilege to distribute controlled substances; and (5) enforcement activities be stepped up on the administrative, legislative and criminal justice levels.

A continuing probe by medicaid officials in 1987, resulted in many arrests involving doctors and druggists, who were charged with altering prescriptions, mislabeling and switching drugs, false billing, and falsifying business records. These joint efforts by the Department of Social Services (DSS), the Medicaid Fraud Unit, the New York State Department of Health, and the Bureau of Controlled Substances, caused the indictment of thirty doctors, fifty-nine pharmacists and pharmacies. Twenty-one of the thirty doctors charged were convicted; fifty-seven of the fifty-nine pharmacists and pharmacies charged, were convicted and disqualified as providers. Forty similar cases are pending resolution. Other such efforts by responsible agencies have caused more than fifty-five medical clinic/pill mills to shut down their operations. Other investigations are continuing, the closings of these medicaid pill mills were prompted by the promulgation of Part 515 under Title 18 of the Social Security Act (disqualification notice to a provider pending a hearing by DSS within 60 days, because the provider has engaged in an unacceptable practice).

The Office of Professional Medical Conduct brought disciplinary actions against more than 193 physicians. Thirty-nine of the mentioned number of physicians were brought up on disciplinary actions, solely because they had been convicted on medicaid fraud.

Medicaid's new identification card system which includes a photograph of the recipient, was phased into the Medical Assistance Program during March 1987, in upstate New York, and on October 1, 1987, in Manhattan, and the Bronx. For the calendar year 1987, up through November, DSS administered 280 actions against medicaid providers for poor quality medical care, fraudulent claims, falsifying business records, etc. One hundred eighty-seven providers were disqualified, sixty indefinitely suspended, eighteen censured, and fifteen placed on time suspensions (3–12 months).

During 1987, the General Accounting Office (GAO) continued its study into the unethical practices and abuse by physicians of the medicaid system as requested in July 1986 by Mr. Rangel. GAO focused its attention specifically on the provider side of the problem by looking at the kind of data that is made available through the medicaid program. The data collected from the Medicaid Manage-

ment Information System (MMIS) and the Department of Social Services (DSS) by GAO, Provided excellent leads to identify pharmacies that were defrauding the medicaid system. Based on the MMIS data, GAO looked at one hundred seventy-five of 4,000 independent New York pharmacies, and targeted eleven of that number. An in-depth investigation of the eleven pharmacies targeted, disclosed the fact that 6 of same had already been disqualified from medicaid as a result of an unrelated investigation. This action in GAO's opinion showed that the data already contained in the MMIS system, if properly accessed and analyzed, could be more fully utilized to identify doctors and pharmacies engaged in fraudulent activities involving controlled substances. Unfortunately, use of the MMIS data in this manner, has never been a priority for DSS or the State medicaid fraud prosecutor.

GAO's study further showed that the drug problem at the recipient level is not a priority for medicaid, because it only accounts for a small part of the overall problem. The New York office of the Drug Enforcement Administration's (DEA) Diversion Unit, generally does not consider the fraudulent practices at the recipient level to be their priority, because of the lack of personnel. Because the Department of Health and Human Services (HHS) is responsible for 75% of the funding that medicaid fraud units enjoy, as well as funding for the MMIS.

The Committee is of the opinion that HHS has more controls over medicaid than they care to exercise. Legislative means should be explored, that would require states with a fraud unit and MMIS to perform the kind of analysis that would more readily identify persons engaged in fraudulent activities involving controlled substances.

During 1986, medicaid provided $27 billion dollars for prescription drugs, which included $348 million dollars for New York State. Of the 4,000 independent pharmacies in New York City, 20% or more filed medical claims involving controlled substances. DSS is presently striving to deal with the problem born out of the fact that there are no controls in place to ensure that a physicians' identification number on a prescription is valid, nor that the person using the physicians' identification number is the designated physician, or someone else.

GAO is currently conducting similar studies of the medicaid system in Texas, Wisconsin, New York, and Louisiana, prior to its final report. The kind of data presently available through MMIS and DSS is similar to the PADS (Prescription Abuse Data Synthesis) process, which is sponsored by the American Medical Association (AMA).

DRUGS, AIDS IN PRISONS

The Select Committee in 1987 began collecting information on the rapidly-growing problem of AIDS in America's prisons with an eye toward action in 1988. The effort to delve into the issue was sparked by the somewhat surprising testimony of former Rep. George Hansen before the Select Committee on Sept. 25, 1987. Rep. Hansen informed Chairman Rangel and other former colleagues during a hearing on "Intravenous Drug Use and AIDS: The Impact

on the Black Community," that the existence of numerous health hazards in prisons could quicken the spread of AIDS.

Hansen's testimony was based largely on personal experience. He discussed such problems as overcrowding; food handling and food service; illicit drug use; medical care and treatment; and the sharing of personal hygiene instruments as potential contributors to the spread of AIDS within prisons. Hansen also alluded to the mixing of HIV-infected inmates with the general population as a problem in the corrections environment. Hansen also raised the issue of full disclosure on any testing of inmates for AIDS.

Immediately following the hearings, AIDS in prison became a major research topic for the Select Committee. At the heart of the Committee staff's research efforts is a look at the problem of homosexuality and drug use within prisons as a way of possibly determining the potential magnitude of AIDS in prison.

The focus on prison sexuality and drug use is important because both activities have been identified by the medical community as leading contributors to the transmission of the AIDS virus. Although both homosexuality and drug use are prohibited in prison, it is well known that both do occur with some frequency, putting the prison population in the high-risk category for AIDS.

Much of the information gathered by the Committee on AIDS and prisons thus far has focused on a report produced for the National Institute of Justice, "AIDS in Corrections Facilities: Issues and Options." Published in 1987, this report uses the period 1981 through 1986 as its data base. The report, due for an update in 1988, indicates that through October 1986, 1,232 cases of inmate AIDS were reported in 58 federal, state and local corrections systems that responded to a survey on the issue. The NIJ report also says that 529 inmates have died from AIDS while in corrections custody since 1981.

The main objective of the Select Committee, at this point, is to bring the matter to the public's attention possibly through a hearing sometime in the future. Further research developments as well as testimony that would come from such a hearing may lead to the formulation of a legislative package addressing AIDS in the context of prison reform.

The Committee is also interested in stimulating an ongoing dialogue among corrections authorities and public health officials nationwide to address the problem of AIDS and other prison shortcomings. It is also hoped that such a dialogue, as well as Committee recommendations, would lead eventually to operational and policy changes to pre-empt a national public health crisis from becoming a catastrophe.

MOVIE INDUSTRY ANTI-DRUG SPOTS

On May 19, 1987, President Reagan told 2,700 high school graduates in Chattanooga that the motion picture industry should stop portraying drug usage in a "positive, upbeat way." The President went on to assert that the industry, while talking about the constitutional right to free speech, is really "more concerned about their profits." He said, "No one has a constitutional right to sell pro-drug propaganda to minors."

Chairman Rangel wrote to Jack Valenti, President of the Motion Picture Association of America, on May 28, saying that "no one has the right to censor" the media and that "it is my impression that the motion picture industry has made a good faith effort to exercise leadership in stopping drug abuse from being praised on and off the screen."

Chairman Rangel requested, and obtained, a meeting with Mr. Valenti on July 1, to discuss the success of the movie industry's current and future efforts to aid in the war against drugs. Chairman Rangel and Ranking Minority Member Gilman attended the meeting.

Chairman Rangel commented after the meeting that what transpired was a rare case where what came forth even exceeded his best hopes. President Valenti told Congressmen Rangel and Gilman that the industry would soon be screening thirteen 30-second anti-drug "trailers" or spots with famous actors and actresses, with one trailer to be included in virtually every American movie beginning in the summer of 1987. All nine member studios of the Motion Picture Association—comprising every major movie maker in the industry—contributed funding to the project and agreed to include the trailers in their films. The producing companies are Columbia Pictures, Walt Disney Company, De Laurentiis Entertainment Group, MGM Communications, Paramount Pictures, Orion Pictures, Twentieth Century Fox, Universal City Studios, and Warner Brothers. These studios approved every movie's inclusion of the trailers, subject to permission from the individual producers, and no producer has disapproved to date.

Actors and actresses who gave their time and are in the spots are Clint Eastwood, Bette Midler, Olivia Newton John, Dudley Moore, Ally Sheedy, James Woods, Peewee Herman, Rae Dawn Chong, Roy Scheider, John Lithgow, and First Lady Nancy Reagan.

Mr. Valenti also discussed the implementation and impact of the Motion Picture Association's recently revised rating system which incorporates drugs, a new system designed to discourage viewing by inappropriate audiences and to discourage glorification of drugs in the films themselves.

The official announcement and screening of the anti-drug spots came at the White House on July 14. Chairman Rangel, Ranking Minority Member Gilman, Congressman Mel Levine of Los Angeles, and other Select Committee Members were invited to and attended the event, hosted by First Lady Nancy Reagan.

Congressmen Rangel and Gilman were asked to speak. Mr. Rangel said, "My hope is that every industry with high visibility—like television and sports—will use what the movies are doing as a model." Mr. Gilman said, "Young people the world over are susceptible to peer pressure * * *. These motion picture celebrities serve as positive role models who are playing themselves and telling the truth about the need to 'just say no' to drugs." Both Chairman Rangel and Congressman Gilman praised the efforts of the First Lady and Motion Picture Association President Valenti for their leadership in the war against drugs.

THE WHITE HOUSE CONFERENCE FOR A DRUG FREE AMERICA

The Anti-Drug Abuse Act of 1986 (P.L. 99-570), mandated the President to convene The White House Conference for a Drug Free America. In establishing the Conference, Congress believed that it would help focus national attention on the drug crisis and elevate drug concerns to a top national priority. The Conference was intended to bring together leaders and experts from law enforcement, treatment, prevention, medicine, education, government and other fields to evaluate current anti-drug abuse efforts and make recommendations for a long-term, coherent, comprehensive national strategy to fight drug abuse and drug trafficking.

In May 1987, the President appointed Lois Haight Herrington to be Chairman and Executive Director of The White House Conference for a Drug Free America. Following her appointment, she met with members of the Select Committee who had been strong advocates of the Conference, including Chairman Rangel, Ranking Minority Member Gilman, Judiciary Committee Chairman Rodino, Mr. Guarini and Crime Subcommittee Chairman Hughes, to discuss preliminary plans for the Conference and exchange ideas about the organization and goals of the Conference. Mrs. Herrington and her staff also met frequently with Select Committee and individual Committee members' staff to keep them informed of Conference development and exchange information and ideas on Conference related issues.

In November and December 1987, The White House Conference held a series of six regional mini-conferences in Omaha, Nebraska; Los Angeles, California; Cincinnati, Ohio; Jacksonville, Florida; Albuquerque, New Mexico; and New York, New York. The regional meetings were intended to provide an opportunity for broader participation in and contribution to the Conference.

The national conference will be held in Washington, D.C., from February 28 through March 3, 1988. House Speaker Jim Wright and Minority Leader Robert Michel have nominated Mr. Rangel, Mr. Gilman and Mr. Shaw, who all serve on the Select Committee, and Representative Glenn English, Chairman of the Government Operations Subcommittee on Information, Justice and Agriculture, to serve on The White House Conference for a Drug Free America.

NEW YORK CITY NARCOTICS CONTROL TASK FORCE

On November 26, 1985, the Select Committee on Narcotics Abuse and Control held a hearing in New York City on heroin and cocaine trafficking. At that time, it was proposed that a New York City Narcotics Control Task Force be created. The purpose of the proposed Task Force was the development of a comprehensive anti-narcotics strategy for the City.

The Task Force was formed in February 1986. A final summary of the anti-narcotics activities and planned activities of the agencies comprising the Task Force was prepared by the Select Committee in August 1986. Included with the summary was a series of recommendations, based on the information provided by the agencies. The report was then distributed to Task Force members for review.

In 1987, the final report of the task force was published by the Select Committee.

BRIEFING FOR NEW MEMBERS OF CONGRESS

On April 2, 1987, the Select Committee held a briefing for new Members of Congress on the Federal Role in Drug Abuse Prevention and Interdiction. Agencies with jurisdiction over drug abuse prevention, eradication and interdiction of illicit substances and drug law enforcement were invited to participate. The speakers were Dr. Charles Schuster, Director, National Institute on Drug Abuse; William Lennox, Special Assistant to the Secretary of Education; Rayburn Hesse, Special Assistant to the Assistant Secretary of State for International Narcotics Matters, Department of State; Greg Kenaston, Congressional Liaison, Drug Enforcement Administration; Lieutenant General Stephen Olmstead, Deputy Assistant Secretary of Defense for Drug Policy and Enforcement, Department of Defense; Admiral Clyde Robbins, Chief, Office of Operations, United States Coast Guard; and William Rosenblatt, Assistant Commissioner for Enforcement, U.S. Customs Service.

Each speaker addressed the topics of agency mission, the newly enacted Anti-Drug Abuse Act of 1986, funding needs and expectations, and inter-agency cooperative efforts to enhance and improve drug abuse prevention and interdiction of illegal drugs. A round table discussion among the principals served to enhance the understanding of those present, especially with regard to the complexity of drug abuse prevention and control. Each agency representative provided those in attendance with informational materials, which were distributed later to those Members of Congress unable to attend the briefing.

FBI BRIEFING

Since 1982, the Federal Bureau of Investigation has become increasingly involved in the investigation of drug trafficking and violations of criminal drug laws. To provide FBI officials with the opportunity to inform the Select Committee of the agency's anti-narcotics activities, an FBI briefing for Members was held on Thursday, May 7.

Frank Storey, Section Chief of the FBI Drug Unit in Washington, D.C., and Tom Sheer, Assistant Director of the FBI's New York office, conducted the briefing. Sterling Johnson, Special Narcotics Prosecutor for New York City, at the FBI's request, explained the cooperative relationship between local law enforcement agencies and the FBI on narcotics cases.

Members in attendance were: Charles B. Rangel, Benjamin A. Gilman, Frank Guarini, Daniel Akaka, Lawrence Coughlin, and Michael Oxley.

As of May, 1986, the FBI began implementation of a strategic drug plan. According to the plan, FBI drug investigations focus on major drug trafficking organizations, the first and second levels of distribution. Efforts are directed primarily toward those groups largely responsible for the major drug problems in the United States: the Colombian/South American traffickers, the Mexican networks, and the La Cosa Nostra/Sicilian Mafia. Specifically, these are the groups responsible for cocaine and heroin importation and distribution.

The FBI's role in drug enforcement has been defined as an investigative one. These efforts are labor intensive. They require extensive use of undercover operations, consensual monitorings, court-authorized wire intercepts, qualified informants, international travel, and qualified linguists. They utilize sophisticated investigative techniques, such as electronic surveillances, aircraft surveillances, and computer assisted analysis.

Since late 1982, the FBI has been part of the Organized Crime Drug Enforcement Task Forces (OCDETF), which were established to coordinate Federal law enforcement efforts with State and local efforts to combat the national and international organizations that grow, process and distribute illicit drugs. At the time of the briefing, the FBI had been allocated 397 Agent Work Years to expend on OCDETF cases. Overall, the agency is utilizing over 1,000 agents to work on OCDETF and other drug cases within the Bureau's Drug Program.

Over the past five years, in addition to the OCDETF cases, the FBI has conducted over 600 joint drug investigations with the Drug Enforcement Administration. The two agencies have developed a close relationship. Areas of enhanced coordination under consideration include: record-keeping procedures, security programs, financial audits inspections, program evaluation techniques, investigative guidelines, select engineering and automation technologies, utilization of common communications equipment and software, certain administrative functions, and integration of personnel in select locations.

The agency representatives emphasized the FBI's close working relationship with local law enforcement. New York City was presented as an example. Sterling Johnson attested to the cooperation and coordination between the FBI and his office.

In the five years that the FBI has been participating in drug investigations, they report:

More than 730 drug-related investigations have utilized electronic surveillance court orders.

Over 43 undercover operations requiring headquarters approval were conducted.

The number of individuals convicted of drug-related offenses has risen from 43 in 1982 to over 2,700 in 1986.

The fines, recoveries, restitutions and court-ordered forfeitures have amounted to nearly three-quarters of a billion dollars.

When asked to assess the impact of the "Pizza Connection" case in New York City, however, the FBI representatives reported no impact on the price of heroin or the number of addicts. They suggested that the distribution component was the most stable part of the drug network.

CHAIRMAN RANGEL'S COMMUNITY WIDE CONFERENCE (APRIL 25, 1987)

On Saturday, April 25, 1987, Chairman Rangel sponsored a community wide conference for New York's 16th Congressional District to examine various issues affecting the community. Representatives of Federal, State and local agencies met with community resi-

dents to discuss important topics which require the involvement of the community in obtaining workable solutions.

A workshop was devoted to the issue of the drug crisis in the community. Among the panelists were the Select Committee's Staff Director; Captain John P. Hawkins, Commanding Officer, 23rd Precinct, New York City Police Department; Police Officer Oscar Hernandez, Community Relations Officer, 23rd Precinct, New York City Police Department; Benjamin Walker, Executive Director, Oddyssey House, Inc.; and Mary Medina, Mount Sinai Hospital Community Relations Officer.

The workshop had a lively discussion of drug trafficking and drug abuse problems faced by the community and made a number of recommendations to the full community-wide conference at the conclusion of the meeting.

MEETING WITH BOWIE KUHN, PRESIDENT, TARGET PROGRAM (MAY 12, 1987)

On May 12, Chairman Rangel and Mr. Gilman, the Select Committee's Ranking Minority Member, met with former Commissioner of baseball Bowie Kuhn who serves as President of the TARGET Program. Mr. Kuhn was accompanied by Brice Durbin, TARGET's Executive Director.

TARGET is a nationwide, private drug and alcohol abuse prevention program aimed at school children. TARGET is a separate, not-for-profit effort sponsored by the National Federation of State High School Associations. The Federation consists of the interscholastic activities associations of the 50 states and the District of Columbia and works through its member state associations to coordinate and enhance school activities ranging from athletics to music, speech, and debate in more than 18,000 high schools nationally.

Mr. Kuhn and Mr. Durbin explained the TARGET program to Mr. Rangel and Mr. Gilman. TARGET is currently directed toward high school students, although it is planned to expand the program eventually to reach the junior high and elementary levels. The TARGET program focuses on encouraging healthy life-styles among youth through the establishment of student health promotion programs in high schools throughout the country. The concept of TARGET is students working with students to create positive peer pressure against drug and alcohol use.

The main components of TARGET are: education and prevention activities, working with school staff, administrators, coaches and students through high school athletics and other activities; leadership training for student leaders and adult volunteers; the TARGET insurance program which provides alcohol and drug rehabilitation insurance at a group rate of $1 per student; and the TARGET central resource center and toll-free telephone number to provide information and assistance to schools in developing and maintaining drug and alcohol abuse prevention programs.

Mr. Rangel and Mr. Gilman said they were anxious to help the TARGET Program in any way they could. They said the Committee would welcome testimony from TARGET representatives at hearings the Committee might hold on drug abuse prevention. Mr. Kuhn subsequently testified about the TARGET Program at the

Select Committee's September 10, 1987, hearing on sports and drug abuse prevention.

Mr. Rangel also noted that the President's 1988 budget proposed a 50 percent reduction in Federal funding for drug abuse education programs authorized in the Anti-Drug Abuse Act of 1986. He encouraged Mr. Kuhn, Mr. Durbin and the TARGET Program to press for a stronger Federal commitment to drug abuse prevention and education, telling them that the private sector and volunteers cannot do the job alone.

CONGRESSIONAL ADVISORY COMMITTEE ON DRUG TRAFFICKING AND SUBSTANCE ABUSE

The Congressional Advisory Committee on Drug Trafficking and Substance Abuse, which consists of parents, students, teachers, health professionals guidance counselors, clergy, law enforcement officers, treatment and rehabilitation specialists, school administrators and business and labor leaders in New York's 22nd Congressional District, was created in the summer of 1981 to help raise the consciousness of the public regarding the dangers of drug abuse. The Drug Advisory Committee sponsors seminars and workshops, provides information to community leaders, is a forum for community groups to meet to exchange information, and helps community leaders act upon their local drug problems. The Advisory Committee also serves as a liaison with the New York State Division of Substance Abuse Services, The New York State Department of Education, Federal drug agencies, the House Narcotics Select Committee and local drug-related community groups. Congressman Gilman met with the Drug Advisory Committee in May and November of 1987, which focused on the supply side of this serious problem.

On May 16, 1987, the Advisory Committee visited Governors Island, New York, to be briefed on the interdiction efforts of the U.S. Coast Guard. Governors Island is our nation's largest Coast Guard base, and is the headquarters of the Maritime Defense Zone. The Atlantic area stretches from Canada to the Caribbean. Captain John Linnon, Chief of Operations for the Atlantic Area, briefed the group on the Coast Guard's jurisdiction, its inter-agency cooperative efforts and its most recent interdiction activities. Following this discussion and a viewing of audio-visual materials, the Advisory Committee witnessed a mock "high risk" boarding by Coast Guard personnel.

At the next meeting, which was held at the Clove Furnace Historic Site in Arden, New York, on November 21, 1987, the Advisory Committee was briefed on the role of the U.S. Customs Service in combatting narcotics trafficking. Ken Klug and Gary Murray, respectively, Special Agent and Intelligence Analyst of the Customs Service's Office of Enforcement in New York City, briefed the group on the many ways in which drug traffickers try to smuggle narcotics into the United States through U.S. ports of entry. A simulation by "Ranger," of the Service's Canine Detection Unit, was coordinated by Officers Ray O'Leary and Michael Fisher. Ranger clearly demonstrated the value in using dogs to detect illicit substances.

The Advisory Committee also viewed a film developed by the Sheet Metal Workers' International Association, entitled "A Candle Against the Darkness," which discussed the union's Employee Assistance Program.

The Drug Advisory Committee expects to hold its next session during the spring of 1988 and to focus on the Department of Defense's efforts to combat drug trafficking and drug abuse.

CHAIRMAN RANGEL PROVIDES TESTIMONY ON IV DRUG ABUSE TO VETERANS AFFAIRS SUBCOMMITTEE FIELD HEARING

The work of the Select Committee on Narcotics Abuse and Control is not restricted to solely its own purposes. Occasionally, the Chairman, the Ranking Minority Member or the staff will provide information on drug abuse to other Hill committees or Members, as was the case when Chairman Rangel submitted prepared testimony to a Veterans Affairs field hearing in New York that focused on AIDS and the Veterans Administration.

Chairman Rangel emphasized in testimony prepared for the October 29, 1987 field hearing in New York that the military and the Veterans Administration should make a special effort to control whatever drug problem exists in the armed forces, given the established connection between intravenous drug abuse and the disease AIDS. In identifying all drug users, and in providing them whatever treatment or help is available, the armed forces and the VA should pay careful attention to the IV drug users to prevent any future cases of AIDS, Chairman Rangel said in his statement to the Hospitals and Health Care subcommittee hearing on AIDS and the Veterans Administration.

Among the important facts Chairman Rangel submitted on IV drug abuse and its connection to AIDS:

As many as 250,000 to 300,000 of the estimated 1 million or more IV drug users in this country may have contracted AIDS and not be aware of it.

Only 1 in 6 heroin abusers in the entire country are in some form of treatment or rehabilitation. The Chairman challenged the military to seek out their share of the other 5 in 6 today, so that fewer of them tomorrow will become the VA's AIDS burden.

AIDS as caused by IV drug use is more a problem for black and Hispanic Americans than any other categories. An estimated 4 of every 10 AIDS cases involving black victims is rooted in IV drug use, either by the victim or by someone intimately associated with the victim. Chairman Rangel relayed that this figure is of special relevance to today's military, given the fact that about 25% of the enlisted personnel is black.

Chairman Rangel's testimony went on further to encourage military and VA officials to create the appropriate "atmosphere" for veterans who may need help from drug problems, especially IV drug problems: "Fortunately, a lot of the information I have come across indicates that drug abuse is becoming less of a problem in the military. But I do not see that as a license to lighten up in this area in any way. In fact, the military should work even harder to curb abuse. And in the wake of the AIDS crisis, the focus should be

to establish an atmosphere conducive to those needing help coming forward without fear or threat of career damage. Intravenous drug users who are potential victims of the virus or disease because of this awful habit should feel free to step forward and get whatever help is available now, with the understanding that the enemy is AIDS, not themselves.

"I would like to see the Veterans Administration embark on a program that focuses on identifying and servicing heroin users who are discharged veterans from as far back as the Vietnam War. Consequently, medical officials who are responsible for the health and welfare of active duty personnel could focus on that group. Each heroin user identified and referred now to whatever assistance is available could represent several lives saved from the throes of AIDS and costly treatment down the road."

Chairman Rangel's final words of wisdom to the hearing record were that the costs of caring for AIDS patients are so stupendous that it would be wiser and cheaper to prevent tomorrow's cases today. The lifetime costs for caring for AIDS patients is estimated at $70,000 to $150,000 per patient. With the VA reportedly bracing itself for 14,000 AIDS cases over the next four years, the lifetime expenditures for those victims could surpass $1 billion and could run as high as $2 billion, Chairman Rangel assessed.

"My point is that it does not have to come to that, either for the Veterans Administration or for any other medical entity, if we take the time and effort today to identify and work with these heroin addicts in hopes of controlling the AIDS problem as it relates to transmission through intravenous drug use. In doing that, we also could do a lot to slow down the drug epidemic in this country which, in itself, is another story for another time and place."

CONGRESSIONAL BLACK CAUCUS PRESENTATION

During the annual Congressional Black Caucus week September 23–27, a staff member of the Select Committee on Narcotics Abuse and Control participated in a workshop sponsored by Congressman Charles A. Hayes. The workshop focused on the theme of "Dropouts, Pushouts, Technologies of the 90's." The theme's focus attempted to identify the impact of drugs on the black community and the positive strides that can be made to rectify problems associated with illegal narcotics consumption, abuse, and distribution.

The perspective of the Select Committee focused on the measures historically taken by this committee regarding legislation and coordination with federal authorities to respond to the drug problem. Particular emphasis was given to the Anti-Drug Abuse Act of 1986 and the provisions contained therein that provide for specific dollar funding levels for prevention, treatment and education efforts. Additionally the discussion focused on the broad international arena, tracing the impact of international efforts in drug related issues, and how those efforts filter down and impact upon the Black community.

Participants in the workshop included professionals from the National Education Association, the Coalition of Parents and Teachers, in addition to college professors and members of congressional committee staff.

ADDRESSES

Chairman Rangel

Select Committee Members, particularly the Chairman and Ranking Minority Member, as well as Select Committee staff, are frequently asked to participate in panels on drug trafficking and abuse, or address private and/or public groups on any one of the many facets of the narcotics problem. As the Committee believes awareness and understanding of the dimensions of the narcotics problem are of great importance to the fight against narcotics, Members and staff participate in such public fora whenever possible.

Chairman Rangel has addressed a great number and variety of groups on the subject of drug abuse and control. Among the groups addressed were: Coast Guard Officers (February 11); Yeshiva University on drug situation in U.S. (Feb 17); National Symposium on Inner-City Crime (March 6); Friends of LINK on the subject of youth and drugs (March 27); U.S. Conference of Mayors, regarding the Anti-Drug Abuse Act of 1986 (April 3); the OCDE Task Force meeting in Pennsylvania (April 28); Chairman Rangel moderated Concerned Black Men's Oratory Contest (April 29); the National Urban Coalition (May 20); Nabisco, regarding drugs in the workplace (July 15); the National Organization of Black Law Enforcement Officers (September 5); the National Conference of Democratic Mayors hearing on drugs in New York (September 28); the American Aid for Lutherans on drug education and prevention (November 10).

Ranking Minority Member Gilman

Ranking Minority Member Gilman was the keynote speaker on May 15, 1987, when the Drug Enforcement Administration awarded graduation certificates to participants in its Law Enforcement Regional Training School. The two-week program, open to law enforcement officials throughout Rockland, Orange, Westchester and Sullivan counties in New York, included courses on drug identification, chemical field testing, clandestine laboratories, diversion investigations, search and seizure, handling evidence, confidential informants, undercover investigations, officer survival, reserve undercover investigations, financial investigations, conspiracy and wiretaps, technical investigative aids, surveillance, and intelligence and foreign operations. The training was coordinated with the assistance of Robert Stutman, Special Agent in charge of DEA's regional New York Office.

In his graduation ceremony remarks, Congressman Gilman commended the graduates as: "The front line heroes in this difficult and dangerous mission. With increased funds, equipment and personnel at the Federal, State, and local levels, I am confident that we can win the war against the narco-traffickers. We must also provide the very best training for those such as yourselves who daily confront the highly sophisticated, well organized, and best financed criminal elements in the world. Therefore, all of you who participated in this two-week seminar on drug law enforcement techniques are to be commended for your commitment and dedica-

tion to law enforcement. Our nation owes you a deep debt of gratitude. I want you to know that you can always count on me to support you in your efforts to combat drug trafficking and abuse."

On May 18, 1987, the New York State Association of Drug and Alcohol Abuse Prevention Professionals held its second annual conference in New York City. Entitled, "Prevention: Say Yes to the Future," their program also included the presentation of an appreciation award to Narcotics Select Committee Chairman Rangel and Ranking Minority Member Gilman. In his acceptance remarks, Congressman Gilman noted the Association's long-standing relationship with the Narcotics Select Committee, and stated that "your good work, year in and year out, makes our job that much easier. I know it has probably been frustrating at times, but rest assured that I and many others in Washington are well aware of and appreciate enormously your 'work in the trenches'." The Congressman also repeated his pledge to work for added federal funding for drug abuse prevention efforts.

The Department of Defense, through its Defense Intelligence College and its Defense Academic Research Support Program Conference, sponsored a three-day conference, "International Drugs: Threat and Response," that was held at the Bolling Air Force Base, Washington, DC, on June 2–4, 1987. Representative Gilman provided the keynote address to the Conference's Panel on Congressional Involvement and Oversight of Drug Intelligence. Edward H. Jurith and Elliott A. Brown, respectively, Staff Director and Minority Staff Director of the Narcotics Select Committee, participated on the panel.

The Committee staff director addressed the Cordova Law School on narcotics law enforcement and legal issues (April 9); and the Howard University Conference on Substance Abuse (October 26).

APPENDIX

List of Publications and Hearings

100-1-1—Implementation of Provisions of the Anti-Drug Abuse Act of 1986 (February 26, 1987) (Hearings)
100-1-2—State and Local Law Enforcement Assistance Provisions (March 4, 1987) (Hearings)
100-1-3—Drug Abuse Treatment and Prevention Provisions of the Anti-Drug Abuse Act (March 11, 1987) (Hearings)
100-1-4—Federal Drug Enforcement and Interdiction Provisions of the Anti-Drug Abuse Act of 1986 (March 18, 1987) (Hearings)
100-1-5—International Narcotics Control Provisions of the Anti-Drug Abuse Act of 1986 and Budget Decisionmaking (March 25, 1987) (Hearings)
100-1-6—Drug Interdiction (April 30, 1987) (Hearings)
100-1-7—Colombian Drug Trafficking and Control (May 6, 1987) (Hearings)
100-1-8—Drug Abuse Prevention in America's Schools (June 9, 1987) (Hearings)
100-1-9—Drug Trafficking Through John F. Kennedy Airport (July 10, 1987) (Hearings)
100-1-10—Pediatric AIDS (July 27, 1987) (Hearings)
100-1-11—Narcotics Control in Mexico (August 5, 1987) (Hearings)
100-1-12—1986 Major City Survey on Drug Arrests and Seizures (Report)
100-1-13—Strategy Report of New York City Narcotics Control Task Force (report)
100-1-14—Sports and Drug Abuse Prevention (September 10, 1987) (Hearings)
100-1-15—Intravenous drug use and AIDS: The Impact on the Black Community (September 25, 1987) (Hearings)
100-1-16—Cocaine Babies (October 16, 1987) (Hearings)
100-1-17—1987 Update on Drugs and Dropouts (Report)
100-1-18—Implementation of the Anti-Drug Abuse Act of 1986 (Report)
100-1-19—Oversight of the Anti-Drug Abuse Act of 1986 and the Federal Drug Strategy (December 8, 1987) (Hearings)
100-1-20—Study Mission Report—U.S. Congressional Delegation to the Andean Parliament, Paipa and Bogota, Colombia (March 13-16, 1987)
100-1-21—Annual Report for the Year 1987

ADDITIONAL VIEWS OF HON. MICHAEL G. OXLEY

I support many of the recommendations and findings in the Select Committee on Narcotics Abuse and Control's Annual Report of 1987. I would, however, make some additional observations with respect to the "war on drugs."

In many instances throughout this report, the Committee recommends substantially increased funding at the Federal level to fight the drug war. While additional monies may be needed in certain areas, I believe it is inappropriate and irresponsible to simply throw money at the problem, as has been suggested. This Committee must recognize that limited Federal funds are available for any Federal endeavor. Realizing this, it is incumbent on the Committee to recommend better and more efficient methods of spending our money. As Secretary of Education William Bennett expressed in his testimony of June 9, 1987, leadership on the drug issue involves much more than spending other people's money.

In conjunction with enhanced law enforcement and interdiction efforts, the Select Committee has recognized the basic fact that the drug problem in America will never be solved as long as there is an insatiable demand for illegal narcotics. One way to limit this seemingly unlimited desire is to make drug users accountable for their actions. The First Lady Nancy Reagan, who has accomplished so much in the drug area, has argued eloquently that even occasional users have contributed to the violence and social decay that drug use brings. Use of narcotics is not simply a question of education. For those who are already educated about the danger of drugs, the question becomes one of personal responsibility and willpower. Users have funded organized crime, narco-terrorist activities, and the murder of government officials in Central and South American countries as well as domestic law enforcement officials. The Committee should take a bold step in recommending tough sanctions against individuals who use drugs. These steps should include: temporary loss of driving privileges for drug-related convictions, temporary loss of Federal student financial aid, monetary civil fines based on personal assets or income, and ineligibility for various non-safety net Federal programs. In addition, the Committee should recommend strengthened criminal penalties for narcotraffickers, including capital punishment for drug kingpins.

Finally, I want to recognize the fine work that the Drug Enforcement Administration, Federal Bureau of Investigation, Coast Guard, and other law enforcement officials have done to fight the drug war. Law enforcement agents risk their lives daily while attempting to stop the flow of illicit narcotics into the U.S. and through efforts to apprehend drug dealers. While the Committee certainly wants to see more interdiction, more enforcement, and less narcotics on our streets, the contributions of Federal, State,

and local law enforcement officials in the war on drugs cannot be overstated and should be supported in every way possible.

MICHAEL G. OXLEY.

ADDITIONAL VIEWS OF HON. CHARLES B. RANGEL

As Chairman of the Select Committee on Narcotics, I want to take this opportunity to comment on some of the additional views expressed by the Honorable Michael G. Oxley.

Referring to Committee recommendations for increased Federal funding to fight the drug war, Mr. Oxley says, "While additional monies may be needed in certain areas, I believe it is inappropriate and irresponsible to simply throw money at the problem, as has been suggested."

I would certainly agree with my colleague that we cannot expect to solve our nation's drug problem simply by throwing money at it. But I take strong exception to the suggestion that this is the approach the Committee recommends.

Yes, Federal funds are limited, and yes, we need to find better and more efficient methods of spending available resources. The simple truth of the matter, however, is that we are losing the war on drugs and losing it badly.

The production of illicit narcotics crops abroad continues to escalate out of control. The power of international drug traffickers threatens the very survival of fragile democracies in our own hemisphere.

Our borders are a sieve, allowing ever increasing amounts of illegal drugs to flow through virtually unimpeded. Our cities, communities, schools and workplaces are awash in drugs that are cheaper, more potent and more available than ever before.

Treatment programs are jammed beyond capacity, and long waiting lists for treatment are common in many areas of the country. Prevention and education offer the best hope for a long-term solution to the drug problem, but these efforts are just in the fledgling stage, having been too long ignored.

If we expect our nation to mount an effective counterattack against drug abuse and drug trafficking, we must be willing to give a high funding priority to anti-drug efforts and commit additional resources to every battlefront—international narcotics control, interdiction, law enforcement, treatment, prevention, education and research. The Committee is not recommending that we just "throw money" at the problem, but that the Federal Government develop a comprehensive strategy supported by the necessary resources to address the glaring national needs with regard to drug trafficking and abuse.

For fiscal year 1989, the Federal Government will spend only $4–5 billion to combat a problem that costs our society an estimated $100 billion annually. Although the President has declared drug trafficking to be a national security threat, the amount we spend to defend ourselves against drugs is less than 2 percent of our defense budget. We are spending almost as much to arm the heavens with

a Star Wars missile defense system as we are spending for our entire anti-drug effort.

Increased funding for drug programs is one of the key recommendations in the final report of the White House Conference for a Drug Free America. "Federal, State and local governments need to allocate more resources for the war against drugs," the report declares. "Victory in the war against drugs will not come cheap," the report continues, and adds, "For too many years we have ignored the needs of the forces engaged in the drug war or have funded them inadequately."

Leadership on the drug issue does involve much more than spending other people's money, as Mr. Oxley notes by citing former Education Secretary William Bennett's testimony before the Select Committee. But certainly a critical part of that leadership responsibility is to lead by example. If the Federal Government is unwilling to commit adequate resources to fight the national problem of drugs, we cannot expect States and localities to bear the burdens of this war alone.

The Reagan Administration has failed to provide effective leadership on drugs. That is why in 1986, and again in 1988, Congress took the initiative to fashion comprehensive anti-drug legislation in response to a national outcry for increased Federal action.

It is indeed ironic that Mr. Oxley refers to the former Education Secretary on the issue of leadership. As the drug crisis escalated in 1986 and again in 1988, I had hoped the administration would advise Congress on how we could best use additional resources to fight drugs. I had hoped the Secretary of Education would give us a plan to support expanded drug abuse education and prevention in our schools. But in testimony before the Select Committee, all we got from him was the advice that schools should adopt strict anti-drug policies and kick out kids using or selling drugs.

In 1986 and again in 1988, I hoped the Secretary of Defense would give us a plan for use of the military to defend our borders against the invasion of drugs and drug smugglers. I hoped the Secretary of Health and Human Services would give us a strategy for treatment and rehabilitation. I hoped the Secretary of State would tell us what we needed for a vigilant international anti-drug effort. I hoped the Attorney General would advise us how to improve Federal drug enforcement, as well as provide much needed help to hard-pressed State and local police in combatting drug-related crime in our cities and communities.

Unfortunately, we did not hear from any of them. So Congress did the best that it could to develop a comprehensive response to the drug problem. If it turns out that some of our efforts accomplish little more than to "throw money at the problem," then the Reagan Administration must share the responsibility because of its failure to provide any recommendations for a credible Federal response. At least Congress has tried to provide leadership in finding solutions to this serious national problem.

Mr. Oxley also proposes that the Committee take a bold step in recommending tough sanctions against drug users and support the death penalty for drug kingpins. The recently enacted Anti-Drug Abuse Act of 1988 (P.L. 100–690) includes a number of "user accountability" provisions similar to those proposed by Mr. Oxley. It

also permits the death penalty for drug kingpins. I strongly opposed the user accountability and death penalty amendments to the House version of the omnibus anti-drug bill. Although some of the most objectionable features of these provisions were weakened or eliminated in the final legislation, I continue to have serious reservations about user accountability and remain adamantly opposed to the death penalty on moral as well as policy grounds.

User accountability has been touted as a "no-cost" weapon in the war on drugs. It remains to be seen, however, just how much it will cost to carry out this policy. Congress inherently recognized some of the difficulties of implementation when it deferred the denial of Federal benefits to convicted drug users until September 1, 1989, pending a mandated presidential report on the proposed administration of these new sanctions and possible congressional action to modify the law.

Even if a system can be devised to carry out these user sanctions efficiently, the social consequences of such a policy will produce more harm than good. User accountability makes drug users the scapegoats for our unwillingness, as a government and as a society, to meet the drug problem head on. It is revenge, retribution against those who are the most convenient target. The harshest impact of user accountability will be felt not by drug traffickers or casual drug users with economic means, but by minorities, the poor, the young, the homeless, the addicted—in short, those among us who are most disadvantaged. The loss of Federal benefits for these unfortunate victims of drug abuse will deny them the best—or perhaps their only—opportunity to escape the despair of drugs and become productive, drug-free members of our society.

User accountability is not the "missing link" from our drug strategy as some proponents have argued. To the contrary, it is a poor substitute for the strong anti-drug strategy we so sorely need today. It is a reaction to public frustration with the apparent intractability of drug abuse and drug trafficking. It gives the appearance of action, but it is merely an illusion, designed to make us feel good that we are doing something about drugs.

Mr. Oxley contends that drug users are responsible for the crime, violence and social decay that accompany drug abuse and drug trafficking. By that standard, we all share the blame by failing to mandate and fund a comprehensive Federal anti-drug strategy.

Drug users should be held accountable for crimes they commit. They must be given the message that drug use is unacceptable. But we can do better than "user accountability." We need a real war on drugs that attacks drugs in source countries abroad, provides for vigorous enforcement and interdiction, ensures swift and certain punishment, makes treatment available on demand and support sustained drug abuse prevention and education efforts in our schools and communities.

As for the death penalty for drug kingpins, I opposed its inclusion in the recent Anti-Drug Abuse Act for both moral and policy reasons and continue to believe it is a mistake. The death penalty is inhumane and puts the United States in the same league as the repressive governments of the Soviet Union, the People's Republic of China and South Africa while dividing us from some of our strongest democratic allies such as Canada, Great Britain, West

Germany, France, and Italy who have eliminated the death penalty altogether or for non-military crimes.

The death penalty is irreversible. Although our system of justice is the best in the world, it is not perfect. Mistakes do happen, and innocent persons will be executed.

The death penalty has been applied unfairly in this country. Blacks are disproportionately sentenced to die for their crimes as opposed to whites. As of May 1, 1988, 836 or 40 percent of death row inmates were Black, although Blacks comprise only 11 percent of the U.S. population. In addition, the victims of death row inmates are overwhelmingly white—84 percent—and about 30 percent of the cases involved minority defendants and white victims. Not one case involved a minority victim and a white defendant.

Furthermore, the death penalty is not cost effective and will not work. The cost of executing a prisoner is as much as six times more than incarceration for life. The death penalty will do little, if anything, to deter drug crime by traffickers who accept the possibility of sudden and violent death as just another daily risk of their highly profitable business. It will, however, defeat our efforts to obtain the extradition of drug kingpins held by foreign governments to stand trial in the United States. According to one of the top Federal prosecutors in Florida, most countries in Europe and Latin America will not extradite a defendant that faces the death penalty. The death penalty is the best protection we could give these international drug criminals. This law will become known as the "International Drug Kingpins Safe Havens Act."

We need a real war on drugs, not a patchwork of gimmicks like user accountability and the death penalty.

CHARLES B. RANGEL.

○

81-767 (164)